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ANNUAL REPORT

of

The Medical Officer of Health

for the Year


1950



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WORTLEY RURAL DISTRICT COUNCIL.

PUBLIC HEALTH COMMITTEE, 1950.

Councillor F. KNOTT (Chairman).

- „ Mrs. E. MARTIN (Vice-Chairman).
 - „ Mrs. E. RATCLIFFE, J.P. (Chairman of the Council).
 - „ H. G. BROOK (Vice-Chairman of the Council).
 - „ G. BARROTT.
 - „ H. COOPER.
 - „ C. DEWSBURY.
 - „ J. HIND.
 - „ E. A. W. JONES.
 - „ A. LOMAS.
 - „ F. H. SHERWIN.
 - „ W. THORNE.
 - „ Mrs. B. E. WALKER.
 - „ S. C. WINKS.
-

STAFF OF THE HEALTH DEPARTMENT.

Medical Officer of Health :

J. MAIN RUSSELL, M.B., Ch.B. (Edin.), B.Hy., D.P.H..

Deputy Medical Officer of Health :

J. McA. TAGGART, M.B., B.Ch., B.A.O., D.P.H..

Sanitary Inspectors :

L. VICKERS, M.S.I.A., A.M. Inst. P.C., Cert. M. & F.I..

G. BENNETT, M.S.I.A., Cert. M. & F.I..

E. FROST, M.S.I.A., Cert. M. & F.I..

Clerical Staff :

Miss A. TURNER.

WORTLEY RURAL DISTRICT COUNCIL.

Annual Report of the Medical Officer of Health for 1950.

To the Chairman and Members of the Wortley Rural
District Council.

Ladies and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services for the Wortley Rural District for the year ending 31st December, 1950.

The Ministry of Health, in a circular letter addressed to all Medical Officers of Health, made a suggestion that the Annual Report for 1950 should be drawn up on similar lines to the one prepared for 1949. It would appear from this request that the Minister has more than a passing interest in such matters as Water Supplies, the proper care of Food Supplies, and the continued preaching of Clean Food Handling. The Minister has again called for detailed information concerning these factors, and this is given in the body of the Report. Once again Medical Officers of Health for Local Health Authorities have been asked to comment on matters connected with the services provided under Part III of the National Health Service Act, 1946. So far as this district is concerned, it is the duty of the County Medical Officer to provide this information, as the County Council is the Local Health Authority. As a Divisional Medical Officer, I work under the general direction of the County Medical Officer, and am responsible for the day to day general administration of the Part III Services within the Division. Your Authority is one of the constituent members of this Division.

The Divisional Scheme of Preventive Medical Services in the West Riding County is unique in that the Medical Officer of Health for each of the constituent Authorities and the Divisional Medical Officer are one and the same person. It is evident, therefore, that the many and varied problems of the Medical Officer of Health may be easier of resolution by the fact that he, as Divisional Medical Officer, can bring to bear the advantages of the services provided by the Local Health Authority which he administers within the Division. Whilst your Authority are not responsible for the control of those Part III Services, you must possess some natural interest in every aspect of any Health Service, and for this reason I consider that it is my duty to set out in this Report various statistics which deal with those services, and some little information which might be of interest generally to you as a Council.

When the Divisional Scheme was brought into being in 1947, the establishment of staff responsible for the carrying out of the services, e.g., Nurses, Midwives, Health Visitors, was fixed on a basis which allowed a certain number to each County District within the Division. Without any increment in staff, a service has been maintained and improved upon within the Wortley Rural District during this term of three years, although the population has increased over that period of time by approximately one third. The principal reason for the increase in population, as you know, is the new Parson Cross Estate in the Ecclesfield area. The people coming into that district and occupying these new houses are practically exclusively residents from the City of Sheffield. It is my duty to provide Part III Services for the residents in that district, and up to now there have been satisfactory services provided, and the staff have worked hard and sometimes under difficult conditions. It is apparent that within the near future an increase of establishment will be necessary if we are to maintain the standard of service that we would like, but until we have some information as to the future of this part of the district, whether it is to remain part of your district or be swallowed up within the City of Sheffield, it is hardly wise to do other than maintain the present services as they are.

From time to time at your Health Committee Meetings, questions have been asked which were exclusively Local Health Authority matters. I was very pleased to have the opportunity of discussing with you the various points raised, and on no few occasions did an informative discussion take place. Such occasions were absolute proof of the value of the present set up, in that Local Health Authority matters can be discussed by your Committee, when both you and the Divisional Medical Officer can obtain some very valuable help and information from the ensuing discussion.

Mr. Vickers, your Chief Sanitary Inspector, has prepared that part of the Report which deals with Sanitary Circumstances, and in this Report he discusses Water Supplies, Sewerage and Sewage

Disposal, and other related subjects. I think from this Report you can take pride in the fact that of the total number of 12,257 houses, only 1,238 are not connected to the sewer, and this because no sewer is available. Of the same number of houses, 11,795 receive water from a public supply, the remaining 462 being situate where no public supply is available within reasonable distance. To overcome that latter deficiency, three schemes are at the moment under consideration for the extension of mains to cover outlying groups of houses. It is unfortunate that during the year it was found necessary to suspend the High Bradfield supply for a temporary period. The samples of water taken were becoming increasingly unfavourable, until it reached the stage when I felt that it was unwise to permit this water to be used for drinking purposes. One of the schemes under consideration for extension of mains, when completed, will satisfactorily overcome the difficulties in High Bradfield.

The Refuse Collection and Disposal and Public Cleansing generally within your district is maintained at an exceedingly high level, and the increased amount of work involved on the new Parson Cross Estate has never meant that there was a lessening in the high standard of efficiency of this service.

The question of Clean Food Handling and its allied matters is more a question of Health Education. Whilst it is helpful from time to time to possess certain powers which we can use to enforce standards, no such powers were in existence so far as food handling and protection was concerned until Model Byelaws were prepared in 1950 and submitted to your Council for approval. Those Byelaws, which were prepared under Section 15 of the Food and Drugs Act, 1938, and promoted for securing the observations of sanitary and cleanly practices and conditions in connection with the handling, wrapping and delivery of food and sale of food in the open air, were duly approved by your Council.

The statistics for the year under review are not so good as they might be. The Birth Rate has gone down and is considerably lower than it was last year, which was the lowest rate since 1942. This rate compares unfavourably with the rate for the Country generally, 15·8, the Administrative County of the West Riding, 16·3, and the Aggregate of Rural Districts within the West Riding County, 17·4. This year the Registrar General has given us a comparability factor which, when applied to those uncorrected rates, gives us an adjusted Birth Rate. This factor of 1·01, when applied to the uncorrected Birth Rate for your district, gives a corrected rate of 14·9.

It is satisfactory to note a substantial decline in the Still-Birth Rate, which rate compares very favourably with that for the rest of the Country and the West Riding Administrative County.

The Death Rate has gone down, and the Crude Death Rate of 8·7 is very slightly lower than that for 1949. This rate also compares very favourably with the rates for England and Wales (11·6), the West Riding as a whole (11·8), and the Aggregate of Rural Districts (10·0). The comparability factor to correct this crude rate as given by the Registrar is 1·05, which, when applied, still gives a rate of 8·7. Looking at the table of deaths, one sees that of the total of 360, a little over three-fifths occurred in the age group 65 and over, and that 163 of the total were due to diseases of the circulatory system and vascular diseases in the nervous system. Heart disease was responsible for nearly 1 in every 4 deaths attributed to this district, and coronary disease specifically was responsible for a total of 41 deaths.

I consider the Infantile Death Rate is one of the most important indices of the health of a district, and I regret that I have to report such an unfavourable Infantile Mortality Rate for the year under review. A total of 26 children died before they reached the age of 1 year, and of these, 13 did not survive a week. One survived three weeks only and the remainder survived more than four weeks. Compared with the decade ending in 1939, when the average Infantile Mortality Rate was well over 50, the present rate would indicate an improvement; yet this rate is higher than the average for the last 10 years. It is appalling to think that after undergoing the natural stresses and strains of birth, a child has to succumb to some condition which in many cases is preventable. We have amongst those 26 infants 6 whose death was attributable to the fact that they acquired an infection in the respiratory tract and/or the gastro-intestinal tract. Surely children can be protected from those common infections which can play such havoc with young child life! Is this due to bad Mothercraft, or is it just simply that for the want of knowledge on the upbringing of children the Mother was unaware of the dangers that existed? Prematurity accounted for 7 deaths, and 9 cases were due to congenital conditions and birth difficulties. One wonders whether all the Ante-Natal care that expectant Mothers should have is, in effect, being given to those Mothers. I do not think it can be over-emphasised that the Ante-Natal care of the expectant Mother is of supreme importance, and I am persuaded that if the expectant Mother received adequate Ante-Natal care, there would be less premature births and maybe less birth difficulties. I do not think, speaking generally, that the expectant Mother appreciates the necessity for this Ante-Natal care, and Health Visitors, Midwives and Doctors are preaching the importance of such measures whenever the opportunity arises. I regret very much that the Ante-Natal Clinics run by the Local Health Authority are not as popular as they used to be. The expectant Mother to-day is receiving her Ante-Natal care in large measure from her General Practitioner whom she has booked to attend her in her forthcoming confinement. I oft-times think that had those expectant Mothers the opportunity of attending a Clinic each week, where they would meet the Health Visitor, the Midwife, and other expectant Mothers, they would take a greater interest in their own mode of life.

In the Maternity and Child Welfare Clinic to which the child is brought at a later date, the young Mothers meet regularly and discuss their problems with the Health Visitor and the Doctor and with other young Mothers, and there they learn Mothercraft and many very important factors concerning their own health and the health of their infant. I wonder if a similar interest would be aroused amongst expectant Mothers by meeting regularly at an Ante-Natal Clinic?

In concluding this introduction to my Annual Report, I should like very much to put on record my grateful thanks to the Chairman and members of the Health Committee for their continued encouragement and support throughout the year. To the Clerk and other officials of the Council I wish to extend my warmest thanks for their continued help and co-operation, and to Mr. Vickers and the other most loyal staff in the Health Department I wish to offer grateful acknowledgement of their able and efficient work and loyal endeavours. I should like also to place on record my grateful thanks to Dr. Taggart for his advice and help during the year.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF.

The Wortley Rural District covers an area of 48,697 acres. The district is divided into four parishes:—Ecclesfield, Bradfield, Wortley and Tankersley. The approximate acreage and the number of houses in each is as follows:—

Parish.			Acreage.		Number of Houses.	
Ecclesfield	...	...	6,147	...	...	8,377
Bradfield	...	...	35,134	...	...	3,101
Tankersley	...	...	2,436	...	...	594
Wortley ...	...	...	4,980	...	...	185
Total			48,697		12,257	

The Rateable Value of the district is £237,054, while the product of a penny rate is £937 11s. 9d. as at 31st December, 1950.

VITAL STATISTICS.

Population. The Registrar General has given his estimation of the population as 43,550. This is an increase of 590 as compared with the 1949 figure. The total, of course, includes the population of patients and staff in the Middlewood Mental Hospital, which is estimated at 2,292. The nett population of the district would thus be 41,258.

Births. There were 641 live births registered in the district during 1950. Of these 317 were males and 324 females. This number is 63 less than for 1949. There were 13 illegitimate births, 8 males and 5 females.

Still-Births. During the year there were 10 still-births, 8 males and 2 females. This was 8 less than in 1949. Of this number, 1 was illegitimate—female.

Deaths. During 1950, 360 deaths, 202 males and 158 females, were attributed to the district, 19 less than for the year 1949.

I set out below tables of Live Birth Rates, Still-birth Rates and Crude Death Rates, with those rates for other parts of the country. These show how the district compares with the country generally.

Rates per 1,000 Civilian Population.

Year	England and Wales		126 County Boroughs and Great Towns including London		148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)		London Administrative County		Wortley R. D.	
LIVE BIRTHS										
1950	...	15·8	...	17·6	...	16·7	...	17·8	...	15·5
1949	...	16·7	...	18·7	...	18·0	...	18·5	...	16·4
1948	...	17·9	...	20·0	...	19·2	...	20·1	...	19·3
1947	...	20·5	...	23·3	...	22·2	...	22·7	...	19·7
1946	...	19·1	...	22·2	...	21·3	...	21·5	...	18·6
STILL-BIRTHS										
1950	...	0·37	...	0·45	...	0·38	...	0·36	...	0·24
1949	...	0·39	...	0·47	...	0·40	...	0·37	...	0·41
1948	...	0·42	...	0·52	...	0·43	...	0·39	...	0·26
1947	...	0·50	...	0·62	...	0·54	...	0·49	...	0·49
1946	...	0·53	...	0·67	...	0·59	...	0·54	...	0·23
DEATHS (CRUDE DEATH RATES)										
1950	...	11·6	...	12·3	...	11·6	...	11·8	...	8·7
1949	...	11·7	...	12·5	...	11·6	...	12·2	...	8·8
1948	...	10·8	...	11·6	...	10·7	...	11·6	...	8·5
1947	...	12·0	...	13·0	...	11·9	...	12·8	...	10·0
1946	...	11·5	...	12·7	...	11·7	...	12·7	...	10·4

Principal Causes of Death.

INFECTIVE DISEASES.				Male	Female	Total
Tuberculosis (Respiratory)	...			2	1	3
„ (Non-Respiratory)	...			4	1	5
Whooping Cough	...	...		—	1	1
Acute Poliomyelitis	...	...		—	2	2
Other Infective Diseases	...			2	—	2
CANCER.						
Stomach	...	...	...	3	3	6
Lung—Bronchus	...	...	...	8	1	9
Breast	...	...	...	—	6	6
Uterus	...	...	...	—	3	3
Other Sites	...	...	...	20	17	37
DIABETES	...	...	...	2	2	4
VASCULAR DISEASE OF NERVOUS SYSTEM				18	21	39
CIRCULATORY SYSTEM.						
Coronary Disease	...	...	...	30	11	41
Hypertension with Heart Disease				—	3	3
Other Heart Diseases	...	...	...	23	29	52
Other Circulatory Diseases	...			15	13	28
RESPIRATORY SYSTEM.						
Pneumonia	...	...	...	2	4	6
Bronchitis	...	...	...	20	7	27
Other Respiratory Diseases	...			6	—	6
DIGESTIVE SYSTEM.						
Ulcer of Stomach and Duodenum				2	1	3
Gastritis and Enteritis	...	...	...	—	3	3
GENITO-URINARY SYSTEM.						
Nephritis and Nephrosis	...			2	2	4
Other Genito-Urinary Diseases	...			5	—	5
MATERNAL DEATHS	...	...		—	1	1
INFANT DEATHS.						
Congenital Malformations	...			2	5	7
Premature Birth	...	...		5	4	9
VIOLENCE.						
Motor Vehicle Accidents	...			—	1	1
Suicide	...	...	...	2	1	3
All Other Accidents	...	...	...	13	2	15
OTHER DEFINED AND ILL DEFINED DISEASES				21	17	38

Age Distribution of Deaths.

AGE GROUP		1946		1947		1948		1949		1950
Under 1 year	...	31	...	33	...	20	...	23	...	26
1 to 2 years	...	3	...	3	...	2	...	1	...	2
2 to 5 years	...	1	...	1	...	2	...	8	...	3
5 to 15 years	...	—	...	2	...	1	...	2	...	4
15 to 25 years	...	4	...	3	...	2	...	3	...	3
25 to 45 years	...	24	...	30	...	25	...	33	...	17
45 to 65 years	...	77	...	67	...	66	...	86	...	76
65 yrs. and over	...	177	...	197	...	211	...	223	...	229
Totals	...	317	...	336	...	329	...	379	...	360

Infantile Mortality. There were 26 Infant Deaths during 1950 (13 males and 13 females), equivalent to a rate of 41 per 1,000 related Live Births. This rate compares very unfavourably with the rate for England and Wales—30, the West Riding Administrative County as a whole—35, the aggregate of Rural Districts—39, and this Division—39.

Deaths under 1 year.

RATES PER 1,000 LIVE BIRTHS.

Year		England and Wales		126 County Boroughs and Great Towns including London		148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)		London Adminis- trative County		Wortley R. D.
1950	...	30	...	34	...	29	...	26	...	41
1949	...	32	...	37	...	30	...	29	...	32
1948	...	34	...	39	...	32	...	31	...	28
1947	...	41	...	47	...	36	...	37	...	52
1946	...	43	...	45	...	37	...	41	...	55

**Table showing Age Distribution of
Infantile Deaths.**

CAUSE OF DEATH				Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Prematurity .. ..	..	..	..	5	1	1	-	7	-	-	-	-	7
Congenital and Wasting Diseases .. ..	..	..	..	2	-	-	-	2	-	3	2	-	7
Pneumonia and Bronchitis .. ..	..	..	..	-	-	-	1	1	-	2	1	-	4
Gastro-Intestinal Disease .. ..	..	..	..	-	-	-	-	-	-	1	1	-	2
Asphyxia Neonatorum .. ..	..	..	..	2	-	-	-	2	-	-	-	-	2
Other Defined and Ill-Defined Diseases .. ..	..	..	..	2	-	-	-	2	-	1	1	-	4
Total .. ..	..	..	..	11	1	1	1	14	-	7	5	-	26
1949 .. ..	..	..	..	9	3	-	-	12	3	5	2	1	23
1948 .. ..	..	..	..	8	1	-	1	10	4	-	5	1	20
1947 .. ..	..	..	..	14	1	1	1	17	8	3	5	-	33
1946 .. ..	..	..	..	20	1	1	-	22	2	4	2	1	31
1945 .. ..	..	..	..	7	1	-	2	10	2	2	2	-	16

Maternal Mortality. There was 1 maternal death recorded during the year, giving a Maternal Mortality Rate of 1·54 per 1,000 total (live and still) births.

Epidemic Diseases. The principal causes of death in the Epidemic (other than Tuberculosis) Group over the past five years are given in the following table.

DISEASE	1946	1947	1948	1949	1950
Diarrhœa (under 2 years) ..	3	2	5	..	..
Diphtheria	1	..	..	..	..
Whooping Cough	1	1	..	..	1
Cerebro-Spinal Meningitis ..	..	..	..	1	..
Puerperal Pyrexia.. ..	1	..	..	..	..
Acute Infective Encephalitis ..	1	..	..	..	..
Syphilitic Diseases	1	1	..	2	..
Poliomyelitis .. ..	..	3	..	..	2
Acute Infective Hepatitis ..	..	..	..	..	1

Inquests. Inquests were held on 22 occasions and in 51 cases the cause of death was certified after Post Mortem Examination without inquest.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis. During the year a total of 1,434 cases of Infectious Disease were notified. The following tables are self-explanatory.

DISEASE	1947	1948	1949	1950	Correc- ted Figure
Scarlet Fever	97	82	163	53	53
Diphtheria	15	10	3	1	—
Puerperal Pyrexia	8	3	4	7	7
Pneumonia	22	25	46	38	38
Ophthalmia Neonatorum.. .. .	4	1	—	—	—
Cerebro-Spinal Meningitis	1	1	4	4	3
Dysentery	9	19	1	49	49
Erysipelas	13	5	6	6	6
Measles	442	880	555	761	761
Whooping Cough	35	193	16	276	276
Para-Typhoid Fever	2	1	—	—	—
Typhoid Fever	—	—	2	—	—
Poliomyelitis & Polioencephalitis	21	1	26	10	8
Food Poisoning	—	1	5	229	229

Attack Rate of Commoner Infectious Diseases.

(After correction of Notification.)

DISEASE	England and Wales	148 Smaller Towns	Wortley R. D.
Scarlet Fever	1·50	1·61	1·28
Diphtheria	0·02	0·02	0·00
Typhoid Fever	0·00	0·00	0·00
Para-Typhoid Fever	0·01	0·01	0·00
Pneumonia	0·70	0·61	0·92
Measles	8·39	8·36	18·44
Whooping Cough	3·60	3·15	6·69
Erysipelas	0·17	0·16	0·14
Poliomyelitis & } Paralytic	0·13	0·11	0·09
Polioencephalitis } Non-Paralytic	0·05	0·06	0·09

Distribution of Infectious Diseases by Age Groups.

DISEASE	0 — 1	1 — 2	2 — 3	3 — 4	4 — 5	5 — 10	10 — 15	15 — 20	20 — 35	35 — 45	45 — 65	65 and over	Age unknown	TOTALS	After correction
Scarlet Fever ..	1	1	9	8	6	22	5	-	1	-	-	-	-	53	53
Pneumonia ..	-	4	3	1	2	6	1	-	8	4	6	3	-	38	38
Poliomyelitis ..	-	*2	*2	1	-	*3	2	-	-	-	-	-	-	10	6
Erysipelas ..	-	-	-	-	-	-	-	-	2	1	1	2	-	6	6
Food Poisoning ..	-	1	1	-	-	1	3	5	19	28	131	38	2	229	229
Dysentery ..	2	1	2	4	1	15	6	4	5	4	5	-	-	49	49
Puerperal Pyrexia ..	-	-	-	-	-	-	-	-	6	1	-	-	-	7	7
Meningitis ..	-	-	†1	-	-	1	-	2	-	-	-	-	-	4	3
Diphtheria ..	1	-	-	-	-	-	-	-	-	-	-	-	-	1	Nil
Measles ..	23	78	105	99	115	337	3	1	-	-	-	-	-	761	761
Whooping Cough ..	20	36	45	49	44	78	1	-	1	1	1	-	-	276	276
TOTALS ..	48	122	168	162	168	463	21	12	42	39	144	43	2	1434	1428

Poliomyelitis: * Denotes cases proved negative. One asterisk denotes one case.

Meningitis: † This case proved negative.

Residential Distribution of Infectious Diseases.

DISTRICT	Measles	Whooping Cough	Scarlet Fever	Pneumonia	Poliomyelitis	Erysipelas	Food Poisoning	Dysentery	Puerperal Pyrexia	Meningitis	Diphtheria
ECCLESFIELD											
PARISH :											
Ecclesfield ..	470	170	24	18	8	2	11	36	-	1	1
Chapeltown ..	64	29	14	2	-	-	-	8	4	2	-
High Green ..	66	19	2	4	-	-	-	-	1	1	-
Thorpe Hesley ..	1	1	-	1	-	-	-	3	-	-	-
Grenoside ..	34	19	-	4	1	1	2	1	-	-	-
TANKERSLEY											
PARISH :											
Tankersley ..	15	9	2	-	-	2	-	-	-	-	-
Birdwell ..	-	2	-	-	-	-	-	-	-	-	-
Hoyland Common	-	-	1	-	-	-	-	-	-	-	-
WORTLEY PARISH:											
Wortley ..	-	1	-	-	-	-	-	-	-	-	-
BRADFELD											
PARISH :											
Bradfield ..	1	1	5	-	-	-	-	-	-	-	-
Worrall ..	6	1	-	-	-	-	-	-	-	-	-
Oughtibridge ..	53	6	1	-	1	1	-	-	1	-	-
Dungworth ..	1	-	-	-	-	-	-	-	-	-	-
Stannington ..	45	10	3	6	-	-	-	1	-	-	-
Loxley..	-	6	1	2	-	-	-	-	-	-	-
Wharnccliffe Side & Brightholmlee	4	2	-	-	-	-	-	-	-	-	-
Middlewood ..	-	-	-	1	-	-	216	-	-	-	-
Holdsworth ..	-	-	-	-	-	-	-	-	1	-	-
Hollowmeadows	1	-	-	-	-	-	-	-	-	-	-
TOTALS	761	276	53	38	10	6	229	49	7	4	1

Scarlet Fever. There were 53 cases of Scarlet Fever notified during the year, less than one third of the number notified in 1949. The attack rate for the district was 1·28 per 1,000 of the home population, and this compares favourably with the rest of the country. The cases occurred principally in the Ecclesfield and Chapeltown districts, 40 being attributable to Ecclesfield Parish. 10 occurred in the Parish of Bradfield.

The comparatively high incidence which was maintained during 1949 extended into the early part of 1950, when during the first quarter 29 cases were notified. From then onwards the disease "tapered off", and only 10 were notified in the second quarter, 6 in the third quarter, and 8 in the last quarter. I have not received any report that the disease was other than of a mild type.

Diphtheria. During 1950, 1 case of Diphtheria was notified from Ecclesfield, during the third quarter of the year. This infant was admitted to Lodge Moor Hospital, where the diagnosis was not confirmed, the child suffering from Tonsillitis.

Once again we have a year in which no case of Diphtheria occurred — the second year in succession when this very satisfactory state of affairs can be reported. I am sure that you must recall the time, not so very long ago, when the Annual Report of the Medical Officer of Health contained its usual lists of children who had been reported as suffering from Diphtheria, and in the extension column of those lists, the announcement of the number of deaths. Diphtheria is a killing disease, and I am certain that you rejoice with the country generally in the knowledge that medical science, along with general preventive medical measures, has reduced the incidence of this terrible disease to such a low level. The story for the country as a whole is a very happy one. On reviewing the records for 1940, we find that in the country as a whole, 2,480 persons died from Diphtheria, principally children. In 1949 the provisional number of deaths was only 85. In 1940, 46,281 notifications were received; in 1949, 4,971 (both sets of figures uncorrected). After correction the latter figure was reduced to 1,897 — the 1940 figure was never corrected. The earliest corrected figures we have are those for 1944, which were 23,152 corrected notifications. We have not got in our possession all the details for 1950, and any figures given for the country generally must be provisional, but what figures there are lead us to believe that the situation is better still. In the first half of 1950, 565 cases were notified, compared with 1,149 for the same period in 1949. The number of deaths from this disease has been reduced throughout the country generally too. The average number of deaths in the ten year period 1931/40 was 2,800, whereas the number for the year 1949 was 85. The 1949 death figures were the lowest ever recorded.

It is obvious, therefore, that we must attribute this happy situation to the systematic immunisation of children at risk. The intensive propaganda on the part of the Ministry of Health over the last decade has produced results. Parents and guardians of young children were frightened of Diphtheria, and no wonder. It is a cruel disease. It is only natural that the offer of any measure to protect their children from such a disease should be gladly accepted. The numbers of children who turned up for immunisation were large, and the young Mother with an infant became immunisation conscious. At the appropriate time in the child's development she asked for the protective measure of immunisation. One wonders whether or not the absence of this disease, with its terrifying consequences, has created in the minds of the public a feeling of complacency, and the urge to protect the children, which was all too prevalent a few years ago, is beginning to be less obvious. The numbers of children being brought for immunisation are falling. Last year in the Wortley Rural District only 368 children under the age of 5 years were brought for this protection, more than 200 less than in the previous year. There were only 88 children between the ages of 5 and 14 years protected during the year, 29 less than the previous year. The number of children who received the "boosting" dose of the antigen on entering School was 461, two-thirds only of the number who received the treatment the previous year. I do not want to be considered a scare-monger, nor am I becoming an alarmist. I must point out, however, that this freedom from Diphtheria is due to the high rate of immunity amongst the population brought about in the main by the extensive immunisation procedure. Once this herd immunity begins to fall, Diphtheria will reappear, and it might reappear with a marked virulence. If I can give any advice at all to parents and/or guardians of young children, it is that they would be wise indeed to accept the offer of immunisation against Diphtheria for their children.

Measles. The number of cases of Measles notified during the year was 761. This is an attack rate of 18.44 per 1,000 home population, the corresponding rate for the country generally being 8.39. Towards the end of 1949 the number of cases of this disease seemed to be decreasing, and the first two quarters of 1950 (47 and 24 respectively) led us to believe that we were past the peak of the incidence. The third quarter, however, produced a new crop of cases, totalling 149, and the last quarter 541. The disease seems to have been most prevalent in the densely populated parts of the district. Ecclesfield Parish, including the Parson Cross Estate, produced 635 cases. Bradfield Parish had 111, with Oughtibridge 53 and Stannington 45. The disease attacked children almost exclusively, the age group principally affected being the 5 - 10 age group, in which there were 337 cases. There were 23 infants under the age of 1 year attacked with this disease, and in all, 420 cases occurred in children

under the age of 5. It is very difficult to explain away the continual presence of this disease in more or less epidemic form over such a period of time. Since 1946, when there were 32 cases, we have been experiencing in the Wortley Rural District an average of over 650 cases annually. There is no doubt that the disease has been more prevalent recently, but I think that more cases come to the knowledge of the Medical Officer of Health because of the fact that since the inception of the National Health Service Act, parents and guardians of children do call in the family Doctor to see the case, and the family Doctor duly notifies the case to the Medical Officer of Health. I think, therefore, that all cases of Measles, with very few exceptions, come to our notice. Before the National Health Service Act I am certain we did not know of all the cases. Another thing is very obvious, and that is that susceptible children are coming in contact with the infection, and are acquiring the disease. Why is it that such a high percentage of the susceptible children are becoming exposed to infection like this? It must be that infective children are being allowed to mix with other children without any control. The type of Measles that we are having is a mild type, and in many cases the children suffer very little discomfort. Unless the parents are very watchful, and insist on the child remaining isolated, there is a danger that this infected child will escape to play with his companions, and so bring the infection with him. I appeal to all parents who have children suffering from Measles to bear in mind that this is a very highly infectious disease, and it can be a very dangerous disease, and it is up to them to recognise the early symptoms of Measles, which are similar to those of a common commencing cold, and keep the child in bed until a Doctor has seen the child. If the Doctor diagnoses Measles, then that child should be kept isolated until the Doctor says that the child is free to go about amongst his companions. Generally speaking it is about 17 days isolation from the time the child begins to show his first symptoms, until he is free to mix with his companions. I sometimes think that parents do not realise that although the child appears to be perfectly well, and has recovered from the disease, he may be still infectious.

Whooping Cough. There were 276 cases of Whooping Cough notified during the year, equivalent to an attack rate of 6.69 per 1,000 home population. The corresponding rate for the country generally was 3.60. The disease was most prevalent in the second quarter of the year, and "tapered off" towards the end of the year, the last quarter of which produced only 8 cases. Towards the end of 1949 the disease had practically disappeared, since only 5 cases were notified during the last quarter of that year. During the first quarter of 1950, 62 cases were notified, and the second quarter produced 163. There was a general falling off during the second half of the year. The age group chiefly affected was the age group 5 - 10, and all except 4 cases occurred under the age of 10 years. Like Measles, one notices that

there was quite a high incidence of the disease in the younger age group, i.e., infants up to the age of 1 year. In fact one child died from this disease before it reached the age of 1 year. The average incidence of this disease in your district during the last 5 years was 115, and this year the total is the highest since the disease became notifiable.

What I said about Measles I say also about Whooping Cough. It is a very highly infectious disease and a very dangerous disease. I am certain that parents do not appreciate that their child is highly infectious, and that the infectious state may last for a long time. I have heard children "whooping" in a shop, on a bus, and once when I was passing a picture house queue. Surely the parents or guardians of those children appreciated that their child was still infectious, and that whilst the child was coughing the germs were being disseminated throughout the area. On the other hand, the parents possibly did not know. Health Education of the public might be the answer in such cases.

Poliomyelitis. During the year 11 cases of Poliomyelitis were brought to our notice by official notification and otherwise. 10 cases were officially notified, all of which were admitted to Hospital. 3 of those 10 cases proved negative. One case was brought to our notice after death, the child having been admitted to Hospital for observation and diagnosis. The cause of death was Acute Anterior Poliomyelitis. This then gives us a corrected figure of 8 cases for the year, 10 less than in 1949. Of the 8 positive cases, 4 were paralytic and 4 non-paralytic, and of the paralytic type, 2 died. The remaining 2 paralytic type were discharged from Hospital, 1 with a very mild degree of paralysis on one side of the face, and the other with a slight weakness of an upper limb. Both cases should be rehabilitated quite satisfactorily. The 4 non-paralytic type made a good recovery. The attack rate for the Wortley Rural District for each type was 0.09 per 1,000 of the home population, a figure which compares favourably with the rest of the country generally. Of the 8 cases referred to, 7 occurred in the Parish of Ecclesfield, and the other 1 in Oughtibridge. All were under the age of 15 years.

I consider that we have been rather fortunate this year in that the incidence of this disease was reduced as compared to the previous year. It is still a matter of conjecture as to the genesis of these epidemics, but it has been proved that the organism responsible has been found in the bowel contents of the infected person and may persist for some time after the patient has recovered. I believe also that the infection is spread by the droplet method from an infected person. It would seem, therefore, that the control of this disease should be relatively easy. Other factors, however, come into the problem which complicate the epidemiological picture of this disease. Such factors as crowding in confined spaces, lack of proper ventilation,

lack of rest and lack of attention to personal hygiene. These are all important factors in dealing with the problem. No one can be sure when this disease will reappear in epidemic form, when the fears associated with the disease will harass parents and guardians who have children under their care. It is only natural that people should ask what can be done to guard against the attack. The only answer we can give is that which I gave in my report a year ago, and which I am only too glad to emphasise again. It is essential that the principles of personal hygiene should be carried out in our everyday life. The washing of the hands before the taking or handling of food, the insistence that children should go to bed early and have sufficient rest and relax their tired muscles, and that recreation in the open air is of a greater benefit than indoor recreation. Some people have said that this disease is associated with dry, hot weather. It would appear, on looking at the statistics, that there might be something in this hypothesis. It is reasonable to suggest, therefore, that at such times extra care should be taken to keep down dust, to get into the open air as much as possible, to discourage the children from playing till they are overtired, and to pay particular attention to personal hygiene.

Tuberculosis. During the year 67 new cases of Tuberculosis were notified, as compared with 79 in 1949. Of these 67 cases, 10 were notified from the larger Hospitals and Institutions in the district, which leaves a total of 57 district cases, a reduction of 13 compared with the figure for last year. Of the 57 cases, 43 were Pulmonary, and 14 were Non-Pulmonary. Below I set out in tabular form the age and sex distribution, residential distribution, and whether the cases were Hospital or non-civilian.

Cases Notified in Age Groups.

Age Groups	New Cases				Deaths			
	Respiratory		Non - Resp.		Respiratory		Non - Resp.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 — 1 year	1	..	..	..	..	..	..	..
1 — 5 years	1	1	2	3	..	..	..	..
5 — 15 years	3	3	2	4	..	..	..	..
15 — 25 years	3	4	1	1	..	..	..	..
25 — 35 years	7	2	..	1	1	..	..	..
35 — 45 years	6	2	..	..	..	..	..	..
45 — 65 years	10	1	..	..	1	..	..	..
65 years and over	2	1	..	..	..	..	..	..
Age unknown	2	2	1	1	..	..	..	..
TOTALS ..	35	16	6	10	2	..	..	..

Area of Distribution of Tuberculosis Cases.

				Respiratory.		Non-Respiratory.	
PARISH OF ECCLESFIELD :				M.	F.	M.	F.
Ecclesfield	...	...		14	9	3	4
High Green	...	...		4	1	—	1
Chapelton	...	...		2	1	—	—
Grenoside	...	...		1	2	—	—
PARISH OF WORTLEY :							
Wortley	...	...		—	—	—	—
PARISH OF BRADFELD :							
Loxley	...	...		—	—	1	—
Low Bradfield	...	...		1	—	—	—
Oughtibridge	...	...		4	2	—	3
Wharncliffe Side	...	...		—	—	—	—
Stannington	...	...		1	—	—	—
Worrall	...	...		1	—	—	—
PARISH OF TANKERSLEY :							
Tankersley	...	...		—	—	1	1
Birdwell	...	...		—	—	—	—
Totals				28	15	5	9

Included in the above table are those cases transferred to this district from other districts. Details of those cases are as below:—

		Respiratory		Non-Respiratory	
Age		Male	Female	Male	Female
0 — 25 years	...	—	2	—	—
25 — 45 years	...	6	2	1	1
45 — 65 years	...	—	1	—	—
Over 65 years	...	—	—	—	—
Totals		6	5	1	1

**Notifications of Tuberculosis received from Larger Hospitals
and Institutions in the District — usual place of residence
not in Wortley Rural District.**

Age		Respiratory		Non-Respiratory	
		Male	Female	Male	Female
0 — 25 years	...	—	—	1	1
25 — 45 years	...	2	1	—	—
45 — 65 years	...	4	—	—	—
Over 65 years	...	1	—	—	—
Totals	...	7	1	1	1

During the year 15 cases were admitted to Sanatoria for treatment. On the Tuberculosis Register at the year end there were 319 cases of Tuberculosis, 231 Pulmonary and 88 Non-Pulmonary. Mr. Vickers, in his report, has made reference to action taken under Section 20 of the Milk and Dairies Regulations, 1949, in respect of three milk supplies which were stopped because the milk was tuberculous. Two of the suppliers were in the Parish of Bradfield and one in the Parish of Ecclesfield.

The Tuberculosis Service is administered by the Local Health Authority and the Regional Hospital Board, the former being responsible for the care and after care, including the epidemiology, and the latter for the treatment. You will probably be aware that before the coming into operation of the National Health Service Act, the County Council was responsible for the treatment and the care and welfare of Tuberculosis cases, and provided a comprehensive service to deal with this problem. Tuberculosis is one of the most serious Public Health and Social problems we have to face in the country to-day, and it calls for concentrated effort on the part of Medical Officers of Health as epidemiologists on the one hand, and those responsible for the treatment of cases on the other. It seems a pity, therefore, that the service should be divided, the Local Health Authority doing one thing and the Regional Hospital Board doing another. It is reasonable to suppose that the problem is only one of administration, and should be overcome quite easily. This is perfectly true if there is that very close liaison between the two services. It is the fear that this liaison might not be strong which, in my opinion, causes anxiety. Happily, in this district a very strong liaison exists between the Local Health Authority Services as administered in Division 22, and those provided by the Regional Hospital Board at the Clinics contiguous to the Division, i.e., Queen's Road, Sheffield, and Church Street, Barnsley. It is only natural that the District Council are themselves anxious to play their part in the fight against this disease, and they might ask what practical steps could be taken by them to help.

Tuberculosis is the hand-maiden of bad social conditions, i.e., bad housing, poor social conditions, under-nourishment, overcrowding. Eliminate those bad social conditions and you make a tremendous difference in your Tuberculosis incidence. As a District Council you have done much to improve the lot of the people in the district by a progressive policy of good sanitary conditions, good housing, the provision of playing fields, etc., all very helpful in this campaign against this dreaded disease. Another point I must mention, and that is the sympathetic consideration of any application made by me for the re-housing of Tubercular families or families where the Tuberculosis element is latent. I have to thank you for having considered my requests in the past, and for the amount of re-housing in suitable conditions of such cases brought to your notice by me.

In the Division we have two Tuberculosis Health Visitors, who before the coming into being of the National Health Service Act were known as the Tuberculosis Nurses, and who worked principally from the Tuberculosis Clinic under the direction of the then Tuberculosis Officer. Since the Clinics are now under the administration of the Regional Hospital Board, those Nurses have been transferred to the Local Health Authority and have come on the Health Visiting Staff. In this Division at the end of December, 1950, there were two such Tuberculosis Nurses. The area covered by each of those respective Nurses overlaps into other Divisions, and it is hoped that in the near future each Division will have their own separate Tuberculosis Health Visitor.

B. C. G. Vaccination against Tuberculosis.

Towards the end of 1949, the Minister of Health made arrangements for the use in this country, within certain limitations and under controlled conditions, of B.C.G. Vaccine. B.C.G. Vaccination acts somewhat similarly to any other inoculation, in that it produces artificially acquired immunity in the human body to the disease.

The County Council, as the Local Health Authority, made application to the Ministry of Health for approval to provide for B.C.G. Vaccination under the provisions of Section 28 of the National Health Service Act, 1946. B.C.G. Vaccination has been offered by Chest Physicians principally to contacts with cases of active Tuberculosis, and towards the end of 1950 the scheme was beginning to get under way.

The general routine procedure in connection with this vaccination is that any child contact of an active case of Tuberculosis is submitted to a skin test, either by applying direct to the skin a spot of Tuberculin Jelly covered by a plaster, or injecting into the skin a small drop of diluted Tuberculin. If the child has already experienced a primary infection of the disease, the result of the skin test will be

positive. This means that the child has already had some infection, and a degree of immunity remains. If the child is negative to the skin test it means that the child has not yet experienced primary infection, and the idea is to give the child an artificial injection by injecting a controlled dose of Vaccine. It is wise that any child thus vaccinated should be removed from contact with any source of infection, so that it can be certain that if there is any alteration in the child's immunity standard, it has been the result of the vaccination and not from natural infection from the positive case, or a combination of both.

After a period of approximately six weeks, the child is again submitted to a skin test. If the skin test is positive, it means that the B.C.G. Vaccine has successfully stirred up the immunological process to the disease. If the skin test still remains negative another period of time elapses, and if repeated skin tests persistently remain negative, re-vaccination is carried out.

Cases are chosen for this measure of protection by the Chest Physicians, who search them out as contacts of positive cases whom they meet at the Clinics.

Towards the end of November I had occasion to put this procedure into operation, after consultation with Dr. Midgley Turner, the Chest Physician, of Sheffield. I received information that a child aged 12 years was found by the Chest Physician to be suffering from an extensive bilateral Tubercular infection of the lungs. This child had been attending one of the new Council Schools, and the Chest Physician pointed out to me that there was a possibility of contact spread of infection to other children. I immediately visited the School concerned and enlisted the help of the Head Teacher. I asked him if he could tell me who the contacts might be, and he made enquiries and informed me that over 100 children were known to be fairly close contacts with the infected girl. I suggested to the Head Teacher that the parents of all those children should be notified, and invited to come to School when I would talk to them and tell them what I proposed to do. The parents responded, and I talked to over 100 mothers and fathers at the School and explained to them the procedure of B.C.G. Vaccination and why I thought it was necessary in this instance. Every parent gave me full approval, and this was obtained in writing.

106 children were submitted to a skin test by a solution of 1—1,000 Tuberculin. Two days later the children were seen again, when it was found that 34 cases were negative, 64 cases positive, and 8 cases doubtful. The 8 doubtful cases were re-tested with a solution of 1—100 Tuberculin, and the result showed that 6 were obviously positive and 2 negative. The final figures were, therefore, 36 negative and 70 positive.

There were an odd 7 children who had been absentees and who later sought my advice with regard to protection, and they too were submitted to the skin test. All 7 were positive.

It was necessary that the positive cases should have a further examination, preferably an X-ray examination, to eliminate any possible active focus infection in the lungs. There were 77 positive cases, and, being Schoolchildren, I considered that the best procedure to adopt was to make a special appointment at the Mass Radiography Centre and have all the children go together by special bus. There was some difficulty about who was to be responsible for the cost of the transport, and your Council very kindly offered to be responsible for the cost, if need be, since this was an epidemiological matter and it was in the interests of the district generally that this should be done. The County Council had been asked to meet the cost, but intimated that they had no authority to cover such cost of the conveyance of the children to the Centre. On being pressed, the County Council finally approved of my arrangement to convey the children by bus to the Mass Radiography Unit, and meet the transport charges. This was a very happy termination to the negotiations with the County in respect of this matter. The 77 children, therefore, attended the Mass Radiography Centre and had an X-ray examination. Of this 77, 13 were asked to go back for a larger picture, and of the total number examined, 5 were considered worthy of having a re-check at the Chest Clinic at a later date. Since this time those 5 cases have been re-checked and everything is found to be satisfactory.

Only one case required further investigation, and that was a case which had an unusual heart shadow. There was a satisfactory ending to the investigation into this case when the Pædiatrician decided that the condition had no significance.

The 36 negative cases who were submitted to B.C.G. Vaccination were in due course of time seen, and each showed a reaction to the Vaccine, varying in extent from child to child. No child suffered any constitutional disturbance. After a period of six weeks those children were re-submitted for skin testing by the injection under the skin of a small drop of 1 — 1,000 Tuberculin. Each child showed a positive reaction, which indicated that each child had been converted from Mantoux negative to Mantoux positive and that an artificial immunity could be expected to develop in consequence.

I think it can be considered a very satisfactory result to this piece of epidemiological work. It is very gratifying to know that there are over 100 children in close contact who have been surveyed from a Tuberculosis point of view. Those who had passed through their

primary infection had obviously overcome that infection and there was no active focus to be found. Those who had not passed through their primary infection had been given an artificial infection, and had reacted satisfactorily. This picture of this aspect of the health of these children is a very valuable one indeed.

I must put on record my sincere thanks to Dr. Midgley Turner and his staff at the Chest Clinic, Queen's Road, Sheffield, for their most valuable and kindly help, and I must also thank the Head Master of the School concerned for his most enthusiastic co-operation in all that was done.

FOOD POISONING.

I do not think there is a subject which has captured the imagination of the general public more than the subject of Food Poisoning. Newspaper headlines announce an outbreak of Food Poisoning, and it always arrests the attention of the readers. It is dramatic enough certainly when a large number of people suddenly turn ill with symptoms of Food Poisoning, and it remains a general topic of conversation whilst the headlines last. It may be said that one item of food was responsible, e.g., infected meat, infected milk, infected meat paste, etc., but that was not the genesis of the problem. How did this article of food become infected? In practically every case it became infected because someone was careless, and careless about personal hygiene.

The feeding habits of people have undergone a change in the last ten years. Not only the feeding habits have altered, but the type of food eaten has altered. Hardly a home exists where one member of the family, at least, does not "eat out" during the day in a Restaurant, a Snack Bar or a Canteen. Food served in those places has been prepared in bulk and has undergone a considerable amount of handling, and the danger of food becoming infected is directly proportionate to the amount of handling. It would appear, therefore, that the safest way to deal with this problem is to control the handling of food, and to insist that those handling food maintain a high standard of personal hygiene. Any article of crockery or cutlery which is in such a condition that it might harbour organisms, e.g., cracked cups, damaged crockery, should be dispensed with at once. If you are provided with a cracked cup next time you visit a Café, refuse to use it.

In this country it is a common sight to see food shops with all kinds of articles of food lying side by side in the window, unprotected, with flies making a proper fairground of the food which the customer is to buy and to eat. It is well known that flies can carry the germs of food infection, particularly of the gastro-intestinal type, yet customers tolerate this method of sale of food. Incessant education of the public in this business of Food Poisoning and Clean Food Handling is the only solution to this problem.

It must be a long term policy. By reason of this persistence the lesson will be learned by the trader and the purchaser alike, so that the former will re-organise his methods of handling and selling food, and the latter will demand that that standard be a high one. You have been so interested in this subject that Byelaws made under Section 15 of the Food and Drugs Act, 1938, for securing the observance of sanitary and cleanly practices and conditions in connection with the handling, wrapping and delivery of food and sale of food in the open air for human consumption, were approved by the Wortley Rural District Council, and became operative on the 10th July. These Byelaws give us power to bring pressure to bear on food traders and food handlers, so that a certain standard of hygiene can be maintained. There is no intention on the part of the Department to inflict penalties unless traders persistently refuse to accept the advice given by the members of my staff in matters dealing with clean food handling. Up till now there has been the utmost co-operation between traders and food handlers with the members of my staff, and the latter have been asked on several occasions by traders for their practical help and advice in the lay-out of their sales departments. I feel that continual education of the public generally on this subject will reap reward. The essence of the whole matter is this, that safe food results primarily from clean personal habits. In your district during 1950 there were 229 cases, 215 of which occurred during a small scale explosive outbreak in one of the larger Hospitals within the district. This latter outbreak was the subject of a special memorandum prepared by me and presented to you at an earlier date. We never did pin-point the actual genesis of that epidemic, but one or two factors were discovered which could have initiated such an outbreak, and such conditions were soon corrected. The remaining 14 cases were all more or less solitary outbreaks, which, despite close and careful enquiry, revealed no starting point. It is very difficult to find the real starting point in a case of Food Poisoning unless at the very earliest possible moment notification of the case is sent to me. Speed in notifying the authorities concerned is essential if a satisfactory investigation is to be completed. Samples have to be collected and they must be collected as soon as possible after the attack starts.

HEALTH EDUCATION.

One of the duties of the Medical Officer of Health is to institute schemes of Health Education. In other words, the Medical Officer of Health should take every opportunity to educate the public in healthy living. By posters, leaflets, and set pieces of photographic material, information has been given to the public. In Clinics and in Schools, Health Departments and on hoardings, that information could be seen and read. I asked you at one stage during the year if you would be good enough to provide me with film strip dealing with Food Poisoning and you very kindly allowed me to obtain the material. This film strip has been used by me in lectures on Food Poisoning and Clean Food Handling. These lectures at Tankersley, High Green and Ecclesfield were fairly well attended, and those who attended appeared to be very interested. A fair amount of material is available both in your Department and in the County Health Department, which might be useful in other such meetings. There are more subjects, of course, than Food Poisoning, which come to mind in this subject of Health Education. There is the question of Diphtheria Immunisation propaganda which must be maintained at a high level. Vaccination is not such a common event as it should be. The food we eat, and the reasons for eating one food as compared with another are not so well known, since the general public are not very conversant with dietetics. Freedom from disease is not the be-all and end-all of our labours in a Public Health Department. Our aims go much further. It is the wish of all Health Officers that people should not only be free from disease, but should know how to live healthily and how to get the maximum benefit out of that healthy body and mind.

GENERAL PROVISION OF THE HEALTH SERVICES.

Isolation Hospitals. Cases of Infectious Disease occurring within your district are admitted to one of the Hospitals administered by the Regional Hospital Board. The Hospital chiefly used is Lodge Moor Hospital, Sheffield. Other cases have gone to Wath Wood Hospital, Wath, and to Swallownest. Generally speaking, cases of Infectious Disease are admitted to Hospital without any trouble, and the Hospital Authorities provide ambulance facilities. From time to time I have been asked to arbitrate between the advisability of keeping a child at home or having that child admitted to Hospital. On every occasion the Hospital Authorities have always sympathetically accepted my request when I considered any doubtful case should be Hospitalised. The relationships existing between the Medical Officers of the respective Isolation Hospitals and this Department are very happy, and the interchange of information is complete.

General Hospitals. The General Hospitals serving the area can be more or less recognised as the teaching Hospitals in Sheffield and the Barnsley Beckett Hospital.

Laboratory Services. Laboratory facilities are available at the Medical Research Laboratories at Wakefield, and the one at the City General Hospital, the Directors of which are only too happy to help on any occasion when such is required by me. I am grateful to them for advice and help which they have already given me on one or two occasions.

Ambulance Facilities. The Wortley Rural District is served by Ambulances stationed at the Hoyland Ambulance Depot, and if need be, the Ambulance Depot at Wath. Reciprocal arrangements are in force whereby the Ambulances of the Sheffield County Borough will answer emergency calls, and as a result of recent consultation with the Local Health Authority, it is understood that the area covered by the Bradfield Telephone Exchange will receive a service direct from Sheffield. For infectious diseases, generally speaking, the Ambulance from the Hospital concerned is used for the patient's transport, but if any difficulty is experienced, the usual Ambulance Services are called into operation.

The Ambulance Service was a new service which came into operation on the "Appointed Day," and which had no easy task to face. It was asked to undertake a free service for any who required it, and the vehicles and equipment available to perform this service were not very good. Despite all these difficulties, the service got going and has done a very good job of work. From time to time there have been complaints, but no complaint has been other than a minor one, and each has been possibly the result of over-strain on a service already working to capacity. I have reason to believe that on several occasions the Ambulances have been used by members of the public when they were not really necessary. This service was never meant to be used as a taxi service to convey all cases from their homes to Hospital and back again. It was surely meant to convey non-ambulant cases. Those cases who could have managed to travel by a public service vehicle should not have used the Ambulance. I think this matter has been considered at a high level, and I believe certain pronouncements might be made in the near future in connection with the type of case which should have the benefit of the Ambulance Service.

It has also been a point as to whether or not it is the General Practitioner or the Medical Officer in the Hospital who should order the vehicle. I think those points will be clarified in the very near future. It is enough to say that the service has survived its early difficulties, and there is now a most efficient organisation available. During 1950 there were five new vehicles stationed in the Depot at Hoyland, two of which were radio controlled vehicles. The establishment of radio controlled vehicles for Hoyland Depot is four, and a third such vehicle was delivered shortly after the end of the year. All the vehicles are new, and have given extremely good service during the year.

Clinics. Below are tables showing the various Clinics held in the district, and in some cases indicating the number of attendances during the year.

Child Welfare Centres.

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of sessions	Total number of attendances during the year	
		Number who attended for first time during this year	Children up to 5 years
CHAPELTOWN. Miners' Welfare Pavilion. Dr. J. M. Taggart and Miss E. Gerrard.	Wednesday afternoon	92	2312
ECCLESFIELD. Gatty Memorial Hall. Dr. I. A. Fraser and Miss B. S. Ward.	Monday afternoon	216	3489
GRENOSIDE. Scout Hut. Dr. B. Droller and Miss B. S. Ward.	Tuesday afternoon	62	1483
HIGH GREEN. Methodist Sunday School, Wortley Rd. Dr. J. M. Taggart and Miss E. Gerrard.	Tuesday afternoon	57	1441
LOXLEY. Congregational Chapel. Dr. S. Lindsay and Miss G. A. Gosney.	Alternate Tuesday afternoons	7	378
OUGHTIBRIDGE. Church Hall. Dr. S. Lindsay and Miss E. Rhodes.	Thursday afternoon	36	1236
STANNINGTON. Methodist Sunday School. Dr. S. Lindsay and Miss G. A. Gosney.	Wednesday afternoon	35	1692
WORRALL. Memorial Hall. Dr. S. Lindsay and Miss G. A. Gosney.	Alternate Tuesday afternoons	23	593

The Welfare Clinic is a very important weekly event in the life of the young Mother. At "the Welfare" she meets other young Mothers, and discusses generalities; she meets the Health Visitor, and discusses baby's welfare, and if need be she can see the Doctor, who might advise on such matters as feeding difficulties and minor ailments. This meeting means a lot to such a young Mother, because she is learning all the time how her baby should live healthily. Judging by the numbers of attendances during the year, it is obvious that the service has become one of the most important Welfare Services. At those Clinics, of course, immunisation against Diphtheria and vaccination is available for anyone who wishes to have those protective measures. I have been trying to establish a Clinic in the Wharncliffe Side district, but absence of accommodation is the only obstacle in the way of such a Clinic. It was suggested that the Chapel Schoolroom might be suitable, but I have hesitated to consider it since the entrance to the building is straight from the roadway with no intervening foot-path, and the consequent potential danger to children from traffic on a busy highway is too obvious to permit of its use for young Mothers and toddlers. I am also anxious to establish another Clinic in Ecclesfield, particularly on the Parson Cross Estate, for the convenience of the many new residents in that area. Again, lack of a suitable building is the drawback.

Tuberculosis. The Chest Clinics most conveniently placed for residents in Wortley Rural District are Queen's Road, Sheffield; Moorgate, Rotherham; and Church Street, Barnsley. In a room at the Town Hall, Stocksbridge, there is a Supervision Clinic held every Monday from 2—4 p.m., and a similar Clinic is held at Weston House, Penistone, during the same hours on the 1st and 3rd Thursday of every month.

Venereal Diseases Clinics. The undermentioned are the Centres where specialist treatment in Venereal Disease is available :—

Address.	Men.	Women and Children.
Barnsley (Queen's Road)	Monday, 10 a.m.— 12 noon.	Monday, 5—7 p.m. Friday, 2—4 p.m.
Sheffield (Jessop Hospital for Women)	— — —	Tuesday, 4—6 p.m. Thursday, 4—6 p.m. Saturday, 11 a.m.— 12-30 p.m.
Royal Hospital ..	Tuesday, 7 p.m. Wednesday, 5 p.m. Friday, 7 p.m.	Thursday, 10-30 a.m.
Royal Infirmary..	Monday, 5—7 p.m. Wednesday, 5—7 p.m. Thursday, 5—7 p.m. Friday, 5—7 p.m.	Monday, 2—4 p.m.

Besides these Clinics mentioned, there are Minor Ailment Clinics such as School Clinics, and there are occasionally Ophthalmic Clinics, when the Eye Specialist visits to examine School children. These Clinics are usually held in the premises used by the Child Welfare and Ante-Natal Clinics.

Mortuary. There is a Mortuary and Post Mortem Room at Grenoside which belongs to the District Council, and which is available for the whole district.

Health Visiting.

Details regarding the Health Visitors employed within the Wortley Rural District during the year are as indicated below :—

Health Visitor.	Address.
Miss E. Gerrard	28, Loundside, Chapeltown.
Miss B. S. Ward	95, Trap Lane, Sheffield 11.
Mrs. L. M. Beaumont (Assistant)	4, Green Lane, Ecclesfield.
Miss G. A. Gosney (Part-time)	"Clovelly," 379, Stannington Road, Sheffield 6.
Mrs. D. M. Simpson (Assistant)	Potter Hill Lane, High Green.

On the 26th October, Miss E. Gerrard retired, and from then onwards her area was covered by Miss N. Redshaw, resident at 28, Loundside, Chapeltown.

Up till the end of 1950 the number of Health Visitors was below establishment. It was becoming exceedingly difficult for those available to carry out the full duties of Health Visiting. Towards the end of the year there were indications that the staff would be increased, and this information relieved our minds considerably. The Health Visitor is a person who, besides being a fully trained Nurse and Midwife, has received a training in social medicine and environmental health, and is in a position to study and advise the individual as a member of a family unit. She is the link between the Hospital and the Local Health Authority, and between the Local Health Authority and the General Practitioner. Her work varies enormously, from the advice given to the young Mother in the Clinic to the helpful encouragement she might give to a patient returned from Hospital, and who might be overwhelmed with domestic anxieties. The Health Visitor should work in close harmony with the Almoner at the Hospital as well as the General Practitioner in the field, and we endeavour to so arrange it in this Division.

Midwifery Service.

There are six Midwives employed in the Wortley Rural District, five carrying out whole-time Midwifery duties, the remaining one combining the duties of Midwifery and Home Nursing. Below I set out a table giving the names, addresses and telephone numbers of the Midwives concerned.

Midwife.	Address.	Telephone No.
Miss S. Billing	Jeffcock Memorial Nurses Home, .. Ecclesfield	Ecclesfield 38431
Mrs. M. E. Quirk	42, Knutton Road, Parson Cross ..	Sheffield 44347
Miss F. M. Sewell	93, Mansell Crescent, Parson Cross ..	Sheffield 44820
Mrs. F. O'Sullivan	16, Worrall Road, High Green ..	High Green 49
Mrs. N. McNamara	Dale View, Rodney Hill, Loxley ..	Sheffield 43643
Miss R. M. Smith (District Nurse Midwife)	"The Haven," Bedford Road, .. Oughtibridge	Oughtibridge 40892

A total of 251 confinements were attended by these Midwives during the year, 210 in the capacity of Midwife, and the remaining 41 in the capacity of Maternity Nurse.

Mrs. M. E. Quirk is the Divisional Relief Midwife. She is available to relieve any Midwife who may be absent on account of sickness or statutory leave.

Each of these Midwives possesses a car and all are, therefore, fully mobile.

Each one also possesses a Gas and Air Machine and is qualified to administer analgesia in child-birth.

Home Nursing.

The Home Nursing Service within the Wortley Rural District is carried out by five Home Nurses and one District Nurse Midwife, as indicated below:—

Home Nurse.	Address.	Telephone No.
Miss A. Middleton ..	17, South Road, High Green ..	High Green 25
Miss H. G. Peacock ..	Jeffcock Memorial Nurses Home, .. Ecclesfield	Ecclesfield 38438
Mrs. I. Rose	133, Wheata Road, Parson Cross ..	—
Miss R. M. Smith .. (District Nurse Midwife)	“The Haven,” Bedford Road, .. Oughtibridge	Oughtibridge 40892
Mrs. A. Woodhead ..	1a, King Street, Charlton Brook, .. Chapelton	Ecclesfield 38582
Mrs. A. White	7, Highfield Rise, Stannington ..	Sheffield 43688

During the year a total of approximately 7,500 visits were made by these Home Nurses.

The Home Nursing Service is a service which, in earlier years, was known as the District Nurse Service. This is purely Nursing as distinct from Midwifery. These Nurses attend cases at the request of a Doctor, and in effect perform the same service that would be performed by them in the Wards of a Hospital. They are very highly trained officers, and they occupy a most important place in the Health Service.

Ante-Natal Clinics.

There is only one established Ante-Natal Clinic within the Wortley Rural District, this being conducted each Thursday afternoon at the Gatty Memorial Hall, Ecclesfield. The total number of attendances at this Clinic during the period under review was 998.

Expectant Mothers may, if they so wish, receive Ante-Natal advice and help at the ordinary Child Welfare Clinic, by arrangements with the Health Visitor and the Doctor. This happens in quite a few of our Clinics, e.g., Grenoside, High Green, Loxley, Stannington. There are not the numbers available to establish a complete Ante-Natal Clinic in those respective districts, and this arrangement of the expectant Mother coming to the Maternity and Child Welfare Clinic seems to be a very good substitute.

Domestic Help Service.

During the year the Domestic Help Service provided a great deal of help and comfort in homes where there was sickness, and where the person responsible for running the home (generally the wife and mother) was incapacitated.

The Domestic Help Service is really a new service, and the demand has been very much greater than was originally anticipated. During the early part of the year it was discovered that throughout the county Domestic Helps were being employed in numbers much in excess of the official establishment. To resolve the position it was found in this Division, as in some other Divisions, that any new demands on the service must be refused until the establishment was increased. In those cases where a Domestic Help was in attendance, no action was taken unless it was to reduce the number of hours the Domestic Help spent in that particular home to the authorised establishment. The Local Health Authority were quick to see the need for urgent reconsideration of the establishment throughout the county, and a new figure was agreed upon and the Minister of Health was asked to give his approval to the amended figure, which he did very expeditiously. The service was soon resumed, with a considerable increase of establishment in certain Divisions, and in Division 22 the establishment was increased from the equivalent of 14 full-time Domestic Helps to 25.

I have tried to analyse the statistics of the Domestic Help Service so that I can give a fair picture of how the service worked within each of the constituent districts forming Division 22, and so far as the Wortley Rural District is concerned, there were, during 1950, 39 Domestic Helps employed. There were 97 homes attended, and in all a total of 21,707 Domestic Help hours were performed in the district during the year under review. Considering that during a period of two months the service was very restricted, I consider that this figure indicates a very practical service to the district.

SANITARY CIRCUMSTANCES.

(This part of the Report prepared by the Chief Sanitary Inspector.)

Rainfall.

The rainfall for the year, recorded at the Sewage Works, Ecclesfield, was 27·89 inches.

The driest month was October (0·85 inches) and the wettest was February (5·34 inches).

The total rainfall was higher than the figure for 1949 (24·51 inches) and was slightly below the average for the past 24 years (28·887 inches).

Water Supply.

At the end of 1950 there were 12,257 inhabited dwelling-houses in the district. Of this number, 11,799 obtain a water supply from one or other of the following undertakings:—

Sheffield Corporation Waterworks.

Wortley Rural District Council Hallbroom and Bradfield Supplies.

Wharncliffe Estates Company Water Works.

Dearne Valley Water Board.

Barnsley Corporation Water Works.

Whitley Private Supply.

Sheffield Corporation are the principal suppliers of water for domestic purposes within the district, supplying a total of 9,773 dwelling-houses. The Ecclesfield Parish derives its supply almost exclusively from this source, and in addition Oughtibridge, Wharncliffe Side, Wadsley, Loxley (part), Upper Midhope, and Low Bradfield, in the Bradfield Parish, and the Warren and Westwood parts of the Tankersley Parish are also supplied. The supply is from impounding reservoirs. The water is suitably treated to deal with its acid

characteristics at the various filter stations and is chloraminated before entering the mains. The purity of the supply is closely supervised by the Water Works Laboratory Staff. No samples have been taken in this district during the year.

The Council's own undertaking at Hallbroom serves 1,319 houses at Stannington, Dungworth, Storrs, Loxley (part) and Worrall. The water is soft and has acid characteristics whilst the borehole water is fairly hard, the hardness being of a temporary nature. The characteristics of the water supplied fluctuate therefore according to the relative proportion of borehole water used.

Sixteen samples of water have been taken from the supply during the year for bacteriological examination. All samples were satisfactory.

The Council's High Bradfield Supply is impounded spring water. The water is collected and piped to an underground tank where it is stored before distribution to the 18 dwellings in High Bradfield which it serves. During the year, following adverse bacteriological reports, the supply was temporarily closed and water was delivered by tank during this period. Weekly bacteriological examination has since been carried out, 28 samples having been taken, 8 of which were unsatisfactory. Arrangements are now in hand for the provision of a main supply from Sheffield Corporation to replace the existing supply. In the meantime close control is being maintained over the spring supply.

The Wharncliffe Estates Supply is obtained from an impounding reservoir at Wortley and supplies 487 dwellings in the Wortley and Tankersley Parishes. The water is soft and has acid characteristics which are suitably neutralised at the filter house. Two samples were taken during the year, the first of which was unsatisfactory. The second sample was taken following consultation with the undertakers and was satisfactory.

The Dearne Valley supply is very hard borehole water and is supplied to 97 dwellings in the Hoyland Common and Birdwell parts of the Tankersley Parish.

During the year 6 samples were taken by the Board's Engineer from premises supplied within the rural district, all of which were satisfactory.

The Barnsley Corporation Supply is obtained from an impounding reservoir situated within the rural district at Upper Midhope.

Fifteen houses at Midhopestones and one at Wortley are supplied direct by the undertakers and 60 dwellings at Tankersley are supplied from the same source but by agreement through the Worsboro' U.D.C. mains.

The Whitley Private Supply is impounded spring water and serves 29 dwellings at Grenoside. Two samples were taken during the year, the first of which was unsatisfactory. Some attention was given to the storage arrangements and a subsequent sample proved satisfactory.

Only small extensions of mains to meet new development have been carried out during the year. Several agricultural properties at Stannington have been connected to a main supply for the first time.

Schemes for the provision of main supplies to Brightholmlee and Folderings have made further progress and consideration has also been given to the extension of mains to the Skew Hill and Birley Edge parts of Grenoside. Provision of main water supplies to these areas and to Hollowmeadows would leave only isolated farms and cottages without a main supply.

Eighteen samples of water have been taken from private supplies, principally in connection with proposed main extensions to the groups of houses referred to in the previous paragraph. Ten of the samples were reported on unfavourably.

The total number of dwellings on a main supply is 11,799, representing 96% of the total dwellings in the district. Including private piped supplies, the percentage figure exceeds 99%.

Although the existing overall water supply position gives cause for satisfaction, further improvement is still possible.

Details of the extent of the main water services throughout the district are given in the following table :—

DISTRICT	No. of Houses	No. on Main	Sheffield Corporation	Hall-broom	Wortley	Dearne	Barnsley	Whitley
Ecclesfield	3981	3973	3973	..	..	..	..	..
Chapelton	2262	2253	2253	..	..	..	..	..
High Green	1016	1013	1013	..	..	..	..	..
Grenoside	959	911	822	..	..	..	..	29
Thorpe Hesley ..	159	158	158	..	..	..	..	..
ECCLESFIELD PARISH ..	8377	8308	8279	..	..	..	..	29
Wadsley	42	40	40	..	..	..	..	..
Worrall	320	312	24	288	..	..	..	..
Oughtibridge ..	818	774	773	1	..	..	..	..
Wharncliffe Side ..	286	273	273	..	..	..	..	..
Brightholmlee ..	21	..	..	..	..	..	..	..
Loxley	353	338	225	113	..	..	..	..
Stannington	807	784	..	784	..	..	..	..
Dungworth	113	103	..	103	..	..	..	..
Storrs	30	30	..	30	..	..	..	..
Midhope	43	31	16	..	..	..	15	..
Hollowmeadows ..	45	..	..	..	..	..	..	..
Bradfield	107	46	28	*18	..	..	..	..
Bradfield (not scavenged)	116	..	..	..	..	..	..	..
BRADFELD PARISH ..	3101	2731	1379	1319 *18	..	..	15	..
TANKERSLEY PARISH ..	594	592	115	..	320	97	60	..
WORTLEY PARISH ..	185	168	..	..	167	..	1	..
GRAND TOTALS ..	12257	11799	9773	1319 *18	487	97	76	29

* High Bradfield Tank.

Sewerage and Sewage Disposal.

At the year end, the total number of houses discharging to public sewers was 11,017. This was equivalent to approximately 90% of the total houses in the district (12,257).

The sewage from the dwellings in the district was treated during the year at disposal works as follows:—

1. Sheffield Corporation Blackburn Meadows Works.
2. Wortley Council Ecclesfield Works (Redundant from 1st April, 1950).
3. Wortley Council's Wharncliffe Side Works.
4. Wortley Council's Pilley Works.
5. Wortley Council's Whitley Works.
6. Rotherham Corporation's Works.
7. Hoyland Nether Urban District Council's Works.
8. Wharncliffe Estates Works.

This Council's works at Ecclesfield which at the end of 1949 were dealing with the sewage from 5,773 houses in the Ecclesfield Parish and from 66 in the Tankersley Parish became redundant as and from 1st April 1950. The sewage from the premises served by these works is now conveyed by trunk sewer to the Blackburn Meadows Works of Sheffield Corporation.

At the end of 1949, 1,970 houses in the Ecclesfield Parish and 2,026 in the Bradfield Parish were already discharging into the Sheffield Sewerage System, so that with the addition of premises previously discharging to Ecclesfield and with new development, the total dwellings discharging to Sheffield at the end of the year under review was 10,114.

This Council continues to operate small works at Wharncliffe Side, Pilley and Whitley.

The Wharncliffe Side Works deal with sewage from 268 houses in the vicinity. As these works are already dealing with a far greater volume of sewage than they were designed to treat and as further housing development is taking place in the area, consideration is being given to schemes to satisfactorily deal with the problem.

The Pilley Works deal with sewage from 380 dwellings in the Birdwell, Tankersley and Pilley parts of the Tankersley Parish.

The very small works at Whitley deal with sewage from 14 dwellings close to the works.

At Thorpe Hesley there are 150 houses within the rural district connected to a public sewer and this sewage passes into the sewerage system of Rotherham Corporation.

Sewage from 42 dwellings in the Hoyland Common part of the Tankersley Parish is discharged by agreement into the Hoyland Nether sewerage system.

At Wortley, 49 dwellings are connected to sewers which discharge at two separate points on the Wharnccliffe Estate.

The remaining 1,238 dwellings in the area are served by cess-pool, septic tank and filter, or simple land treatment.

The largest unsewered groups of houses in the district are at :—

Bradfield (50 houses).

Dungworth (45 houses).

Howbrook (25 houses).

Additional details of sewage disposal throughout the district are given in the following table :—

Location	Total Houses	Total to Sewer	Per Cent to Sewer	Disposal System						
				Shelfield	Whitley	Wharncliffe Side	Pilley	Rotherham	Wortley	Hoyland
Ecclesfield ..	3981	3918	98	3918	..	..	..	..	..	..
Chapelton ..	2262	2228	98	2228	..	..	..	..	..	..
High Green ..	1016	999	98	999	..	..	..	..	..	..
Grenoside ..	959	876	91	862	14	..	..	..	..	..
Thorpe Hesley ..	159	150	94	..	..	..	..	150	..	..
ECCLESFIELD PARISH ..	8377	8171	97	8007	14	..	..	150	..	..
Wadsley ..	42	40	95	40	..	..	..	..	..	..
Worrall ..	320	290	91	290	..	..	..	..	..	..
Oughtibridge ..	818	753	92	753	..	..	..	..	..	..
Wharncliffe Side ..	286	268	94	..	..	268	..	..	..	..
Loxley ..	353	233	66	233	..	..	..	..	..	..
Stannington ..	807	725	90	725	..	..	..	..	..	..
Rest of Bradfield ..	475	..	Nil	..	..	..	..	..	..	..
BRADFELD PARISH ..	3101	2309	74	2041	..	268	..	..	..	..
TANKERSLEY PARISH ..	594	488	82	66	..	..	380	..	..	42
WORTLEY PARISH ..	185	49	27	..	..	..	..	..	49	..
DISTRICT TOTALS ..	12257	11017	90	10114	14	268	380	150	49	42

Refuse Collection and Disposal.

The whole of the district with the exception of a few outlying farms and cottages is publicly scavenged by direct labour. Arrangements are in hand for the service to be extended to the premises at present not scavenged as and from 1st April 1951.

Details of houses, sanitary conveniences and refuse receptacles in use at the year end are set out in the following table:—

Locality	Houses	Houses Using					Number of				
		Water Closets	Privies	Pail Closets	Ash Pits	Bins	Water Closets	Privies	Pail Closets	Ash Pits	Bins
Ecclesfield ..	3981	3928	50	3	62	3919	3781	42	3	47	3919
Chapelton ..	2262	2205	45	12	63	2199	2211	30	5	43	2210
High Green ..	1016	1003	13	..	19	997	933	14	..	13	1000
Grenoside ..	959	856	89	14	110	849	872	69	12	77	858
Thorpe Hesley ..	159	133	26	..	39	120	102	20	..	16	120
TOTAL ECCLESFIELD PARISH	8377	8125	223	29	293	8084	7839	175	20	196	8107
Wadsley ..	42	41	1	..	1	41	32	1	..	1	43
Worrall ..	320	296	23	1	24	296	310	15	1	15	296
Oughtibridge ..	818	750	68	..	79	739	664	53	..	49	739
Wharcliffe Side ..	286	267	19	..	20	266	310	19	..	20	266
Brightholmlee ..	21	..	19	2	19	2	..	17	1	17	2
Loxley ..	353	248	103	2	106	247	274	71	2	58	249
Stannington ..	807	728	78	1	86	721	688	67	1	67	721
Dungworth ..	113	24	88	1	88	25	27	68	1	56	25
Storrs ..	30	2	28	..	29	1	2	23	..	22	1
Midhope ..	43	2	24	17	39	4	2	18	17	28	4
Hollowmeadows ..	45	29	10	6	17	28	36	8	6	15	31
Bradfield ..	107	18	86	3	92	15	18	58	3	61	15
Bradfield (not scavenged)	116	16	90	10	116	..	16	86	11	105	..
TOTAL BRADFELD PARISH	3101	2421	637	43	716	2385	2379	504	43	514	2392
TANKERSLEY PARISH ..	594	522	70	2	83	511	559	66	2	65	513
WORTLEY PARISH ..	185	78	106	1	116	69	106	100	1	99	74
GRAND TOTALS..	12257	11146	1036	75	1208	11049	10943	845	66	874	11086

The total number of dwelling-houses scavenged at the year end was 12,141, showing an increase of 310 over the total at the end of 1949.

In addition to dwelling-houses, a service is given to schools, hospitals, canteens and business premises throughout the district.

The whole of the service is directly controlled by the Council. The staff employed at the year end comprised 7 drivers, 29 loaders, 2 full-time tip controllers, 1 part-time tip controller and paper baler.

A personal issue of protective clothing is made free of charge, the items supplied including overcoat (bi-annually), overalls (2 pairs per annum), and gloves (as reasonably required). Gumboots are supplied as a team issue for use on privy work. Portable washing facilities are provided for each team in the form of a bucket and soap ration.

The whole of the transport used for refuse collection and disposal during the year was mechanical, 9 petrol vehicles being utilised, 7 of which operated on a full-time basis. Two new Dennis lorries were delivered during the year to replace old Fordson vehicles, but in view of the Council's decision to extend the scavenging service in April 1951 to deal with the outlying parts of the Bradfield Parish it will be necessary to retain both Fordsons until further new vehicles are obtained. Details and dispositions of vehicles in use at the year end were as follows:—

Make	Capacity	Year of Manufacture	District Served
S. & D. Freighter...	8·9 cu. yds.	1947	Ecclesfield & Thorpe Hesley.
S. & D. Freighter...	8·9 cu. yds.	1947	Parson Cross (major part).
Dennis ...	8 cu. yds.	1950	Grenoside and Parson Cross (minor part).
S. & D. Freighter...	8·9 cu. yds.	1947	Chapelton.
Dennis ...	8 cu. yds.	1950	High Green, Tankersley and Wortley.
Dennis ...	8 cu. yds.	1943	Westnall Ward, Bradfield, Loxley (part) & Midhope.
Dennis ...	8 cu. yds.	1949	Stannington and Loxley (part).
Fordson ...	7 cu. yds.	1937	Reserved for extension of service.
Fordson ...	7 cu. yds.	1937	Spare Vehicle.

All refuse collected, other than salvaged commodities, was disposed of by tipping on sites at Ecclesfield, Cowley Hill, Westwood, Tankersley, Howbrook, Worrall and Loxley. Four of these sites, Ecclesfield, Westwood, Worrall and Loxley are owned by the Council, the remainder being leased for the purpose.

Tipping commenced at the Ecclesfield Sewage Disposal Works site during the year. This site, which has been approved for the purpose by the Ministry of Health, is very conveniently situated for economically dealing with the refuse from the extensive Parson Cross Estate development within the district.

Tipping with a view to improving the levels on the Council's recreation ground at Potter Hill has not yet been started. Topsoil has been removed as a preliminary preparation of the site and tipping will probably commence in the Autumn of 1951.

Further progress has been made towards acquiring a further tipping site at Loxley to replace the existing Worrall and Loxley tips which are nearing completion.

No proper weighing facilities are available to record the weight of refuse removed. Calculations from the total number of loads of refuse collected and weights of test loads give an estimated total tonnage for the year of 14,500 tons.

The nett cost for collection and disposal was £13,747. Taking the estimated population as 42,000 and the total number of houses scavenged as 12,141, costing figures for the year are as follows:—

Cost per 1,000 population	...	...	£327 6s. 2d.
Cost per head	...	...	6s. 6½d.
Cost per 1,000 houses	...	...	£1,132 5s. 7d.
Cost per house	...	...	£1 2s. 8d.
Cost per ton	...	...	18s. 11½d.
Yield per 1,000 population per day	...	...	18·9 cwts.

Weather conditions during the year did not cause any dislocation of the service and very few complaints were received.

During the year, 14 informal and 237 formal notices were served under the provisions of Section 75 of the Public Health Act 1936 requiring provision of dustbins to replace defective bins or to abolish ashpits. There were 3 appeals by property owners against the requirements of the notices and in each case the appeal was upheld.

Privy Conversions.

Good progress has been maintained during 1950 in the replacement of privies and waste water closets by water closets. Since the post war programme began it has been possible to obtain replacements by informal action, but towards the end of the year 27 formal notices under Section 47 of the Public Health Act, 1936, were served to deal with cases which could not be satisfactorily dealt with informally.

The numbers of conveniences dealt with during the year were as follows :—

23 privies replaced by water closets.

7 waste water closets replaced by water closets.

5 additional water closets provided.

Contributions equivalent to a sum of £513 2s. 1½d. were paid by the Council to the owners of the properties concerned.

As a result of the conversions, 36 dustbins were provided to abolish ashpits which were no longer necessary.

It is confidently expected that with the exception of privies serving properties recommended for demolition all convertible conveniences will be dealt with by the end of next year.

Details of privy conversion work carried out during the year and the position at the year end are illustrated by the following table :—

Locality	Conveniences Converted		Replaced by No. of W.C's	Amount of Contribution		Additional W.C's provided	Privies, W.W.C's & Pails remaining	
	Privies	W.W.C's		£	s. d.		Total	Convertible
Chapelton	3	..	3	61	11 0	3	35	16 (9)
Ecclesfield	..	..	..	..	..	2	45	2
High Green	..	..	..	..	..	..	14	2
Grenoside	10	7	17	224	12 7½	..	81	11 (3)
Thorpe Hesley	..	..	..	..	..	..	20	14 (3)
Stannington	6	..	6	108	5 9	..	68	6 (3)
Loxley ..	1	..	2	32	9 0	..	73	5
Tankersley	..	..	..	..	..	..	68	6
Oughtibridge and Wharnccliffe Side ..	2	..	2	42	10 6	..	72	1
Rest of District	1	..	1	43	13 3	..	435	..
TOTALS	23	7	31	£513	2 1½	5	911	63 (18)

NOTE.—The figures in brackets in the last column indicate the number of conveniences included in the associated figure which are on property recommended for slum clearance.

SALVAGE OF WASTE.

As was anticipated in last year's Annual Report, the market for waste paper rapidly recovered towards the end of 1950, and as this Report goes to the printer the value of mixed waste paper has rocketed to the record high level of £16 per ton. Collection of this commodity is no longer the subject of "direction" by the appropriate Ministry.

Any satisfaction that local authorities may derive from the high income from waste paper salvage is tempered to some extent, however, by the rapid increase in stationery costs. Are we heading for the farcical position where cardboard containers will have a higher value than the product they contain?

There is every indication that salvage income for 1951 will far surpass all previous records and that the oft publicised phrase "Save your waste paper and reduce your rates" will really have some significance.

The following tables compare the salvage effort of 1950 with that for 1949 and give total weights and values of salvage disposed of since the campaign began:—

Commodity	Salvage Statistics, 1950						Salvage Statistics, 1949					
	Weight T. C. Q.			Value £ s. d.			Weight T. C. Q.			Value £ s. d.		
Paper (Council Coll.)	85	6	0	426	5	4½	77	9	0	441	9	11¾
*Paper (Private Coll.) <i>a</i>	—	—	—	—	—	—	—	—	—	—	—	—
„ „ „ <i>b</i>	39	13	1	—	—	—	229	10	0	—	—	—
Scrap (Ferrous) ..	—	—	—	—	—	—	3	12	0	9	11	7½
Scrap (Non-Ferrous) ..	—	—	—	—	—	—	3	0½	—	4	12	3
Bones	6	1	—	1	15	11½	15	1	—	4	7	7½
Rags	2	4	2½	40	9	6½	4	10	0	70	0	2
Bottles, Jars, Cullett	1	15	0	2	3	9	5	6	0	7	3	3
Twine	—	—	—	—	—	—	1	0	—	5	0	—
TOTALS	129	5	0½	£470	14	7½	321	6	1½	£537	9	10½

* NOTE.—Salvage of waste paper is no longer the subject of "direction" by the Board of Trade and sales by Private Organisations ceased to be recorded during the year.

INCOME					EXPENDITURE			
Commodity	Quantity Sold			Amount Received	Source			
	T.	C.	Q.					
				£	s.	d.		
Paper (Council Coll.)	1409	13	1½	8012	7	10	Wages ..	4026 14 3
Paper (Private Coll.) <i>a</i>	15	7	3	3	5	5½	Materials..	347 15 3
„ „ „ <i>b</i>	1153	12	1½	—			Machinery	46 8 1
Scrap (Ferrous) ..	5	2	3	185	1	8	Publicity ..	104 10 6
Scrap (Non-Ferrous) ..	168	19	0	409	10	2½	Transport ..	1 9 6
Tins (Loose) }	106	5	1	—			Rental & Rates	47 19 7
„ (Baled) }								
Rags	79	2	0½	979	8	5	Total ..	4574 17 2
Bones	61	12	3½	267	7	7¾	Balance ..	5614 5 4½
Bottles, Jars & Cullett	34	19	2½	216	12	4½		
Rubber	9	13	1	24	3	2		
Twine		9	2½	2	7	9¾		
Board of Trade Grant	—			88	18	0		
GRAND TOTALS ..	3044	17	3½	£10189	2	6½		

HOUSING.

The total number of houses in the district at the year end was 12,257, compared with 11,947 at the end of 1949. The increase in the number of houses occurred as follows:—

New houses built in 1950 by Wortley Council...	...	174*
New houses built in 1950 by Sheffield Corporation	...	136
New houses built in 1950 by private enterprise	...	16
Total new houses	...	326
Houses demolished or otherwise put out of use in 1950		16
Nett increase	...	310
Number of houses at 31st December, 1949	...	11,947
Total houses at 31st December, 1950	...	12,257

* This figure includes one double Council House which was re-converted during the year to 2 separate dwellings.

The houses built by Sheffield Corporation were sited on the Parson Cross Estate. The total number of houses built within the rural district is now 2,672, and 140 of these houses are within the Grenoside Ward, 1922 in the Colley Ward and 610 in the Ecclesfield Ward.

The 174 new dwellings built by the Wortley Council include 23 adapted hutments at Potter Hill, High Green. Localisation of the 174 houses is shown by the following table :—

District	Type of Dwellings		Total
	Permanent Airey and Traditional	Converted Hutments	
Chapeltown	106	...	106
High Green ... ..	...	23	23
Grenoside	4	...	4
Tankersley	2	...	2
Wharnccliffe Side ...	26	...	26
Worrall	12	...	12
Oughtibridge	1*	...	...
Totals	151	23	174

* Double house made into two separate dwellings.

The 16 new houses built by private enterprise were localised as follows :—Chapeltown 1 ; Ecclesfield 3 ; Grenoside 1 ; Tankersley 1 ; Wharnccliffe Side 2 ; Worrall 3 ; Stannington 5.

Since 1920 the Council have been responsible for the erection or acquisition of 2,148 dwellings of the following types :—

1,763 Permanent Estate Houses.

80 Prefabricated Temporary Bungalows.

18 Prefabricated Permanent Bungalows.

127 Adapted Hutments at Bracken Hill.

118 Adapted Hutments at Potter Hill.

6 Adapted Hutments at Worrall.

1 House at Ecclesfield acquired under the Housing Acts.

1 Adapted dwelling at Salt Box Lane.

34 Hutments at Ecclesfield, Chapeltown and High Green, which are now either demolished or disused as dwellings.

The Council also control 5 houses at:—Ecclesfield Sewage Disposal Works (2); Tankersley Sewage Disposal Works (1); Glen Howe Park (1); and the Caretaker's house at the Council Offices (1).

During the period 1920/1950, 2,231 houses have been built by private enterprise.

Localisation of Council, Sheffield Corporation and private enterprise houses built during this period, which can be considered to embody modern conveniences, is shown in the following table:—

Locality	By Council		By Sheffield Corporation	By Private Enterprise	Total Built since 1920	Total Houses in Locality	Percentage Total Built since 1920
	Per- manent	Pre- fabricated (Temp.)					
ECCLESFIELD PARISH.							
Ecclesfield ..	*310	20	2532	415	3277	3979	84
Chapelton } ..	*424	151	..	429	1463	3278	44
High Green } ..	*341	118	..	336	586	961	61
Grenoside ..	110	..	140	6	6	159	4
Thorpe Hesley ..	..	..	..	..	..	..	..
BRADFIELD PARISH.							
Oughtibridge ..	154	..	..	234	389	818	48
Worrall ..	38	6	..	166	210	320	66
Stannington ..	110	20	..	391	521	807	65
Loxley ..	86	10	..	57	153	353	43
Dungworth ..	8	..	..	4	12	113	10
Wadsley.. ..	..	..	..	5	5	42	11
Wharnclife Side ..	68	..	..	78	146	286	49
Other Parts of Parish ..	..	..	..	38	38	362	10
TANKERSLEY PARISH	132	6	..	61	199	594	34
WORTLEY PARISH ..	..	..	..	11	11	185	6
TOTALS ..	1781	331	2672	2231	7017	12257	57

* Excludes disused Hutments at Ecclesfield, Chapelton and High Green.

Squatter Camps. The last two families occupying huts at Whitley Hall were rehoused during the year and the hutments on this site and at Upper Midhope have been removed.

Housing Repairs. The number of dwelling-houses inspected during the year for disrepair under the provisions of both the Housing and Public Health Acts was 198, and 685 inspections were made for the purpose. Informal notices were served and complied with in respect of 160 dwellings. Three formal notices were served under the provisions of Sec. 9 of the Housing Act, 1936, and it was necessary for the work to be carried out in default in one case. Eighteen statutory notices were served under the provisions of Section 93 of the Public Health Act, 1936, and four of these were outstanding at the year end.

Slum Clearance Representations in respect of 18 dwellings were made under the provisions of Section 11 of the Housing Act, 1936, and 13 Demolition Orders were made.

Sixteen dwellings, situated at:—Ecclesfield (4); Chapeltown (5); High Green (1); Wadsley (2); Oughtibridge (2); and Stannington (1), were put out of use or demolished during the year.

At the year end there were 39 occupied houses covered by demolition orders, closing orders and undertakings, and 45 vacant houses the subject of clearance or demolition orders. Steps are being taken to obtain demolition of the latter. Disposition of slum clearance houses is shown in the following table:—

Locality	Existing Houses Condemned		No. of Houses Occupied	No. of Houses Vacant
	A. Before 1940	B. After 1940		
Ecclesfield ...	6	7	9	4
Chapeltown...	...	15	12	3
High Green ..	10	7	3	14
Grenoside ...	8	7	3	12
Howbrook ...	...	1	1	...
Oughtibridge	5	...	3	2
Worrall ...	6	...	1	5
Wharnccliffe Side	...	2	...	2
Stannington	1	6	6	1
Loxley ...	...	1	1	...
Hollowmeadows	1	...	...	1
Bradfield ...	1	...	...	1
TOTALS ...	38	46	39	45

One application was received for a grant under the provisions of Section 20 of the Housing Act, 1949, but the application was later withdrawn.

Court action was necessary in connection with the repairs to three dwellings by two separate owners. In each case the magistrate made orders for the carrying out of the necessary works.

Licensed Dwellings. At the year end one house at Wadsley was occupied under licence from the Ministry of Health. This house is covered by an operative demolition order and will be dealt with accordingly when it becomes vacant.

Licences were withdrawn in four cases during the year, the houses being situated at :—Wadsley (2) ; and Oughtibridge (2).

Overcrowding. The number of cases of statutory overcrowding in the district at the end of 1949 was 26. There were 5 new cases reported in 1950 and 17 cases were abated, leaving 14 outstanding at the year end. Progress in respect of overcrowding since the survey was carried out in 1946 is shown in the following table:—

Locality	Overcrowded Houses at May 1946	Additional Cases to Dec. 1949	Abated 1946 to 1949	Outstanding at Dec. 1949	New Cases in 1950	Abated in 1950	Outstanding at Dec. 1950
Chapelton	24	7	27	4	..	3	1
High Green	15	4	15	4	..	3	1
Ecclesfield..	12	3	11	4	2	2	4
Grenoside ..	17	1	16	2	..	..	2
Thorpe Hesley	2	..	1	1	..	1	..
Tankersley..	12	..	12	..	1	1	..
Wortley ..	1	..	1	..	..	..	..
Wadsley } Worrall }	4 2	..	5	1	..	1	..
Oughtibridge	8	6	9	5	1	3	3
Wharnclife Side	1	..	1	..	1	..	1
Midhope ..	3	..	3	..	..	..	..
Loxley ..	3	2	3	2	..	2	..
Bradfield ..	1	..	1	..	..	..	..
Stannington	8	3	8	3	..	1	2
TOTALS	113	26	113	26	5	17	14

MOVEABLE DWELLINGS.

During the year the Council considered eleven applications as follows :—

Licences for sites - 5.

Licences for dwellings - 6.

One licence for transfer of ownership of a site was approved and the four applications for licensing of new sites were refused. There were no appeals.

Of the six applications to station and use dwellings, four were approved and two refused.

An appeal against refusal of one of these licences was dismissed by the magistrates.

A comprehensive report on moveable dwellings was submitted to the Council during the year and a policy determined for dealing with existing dwellings and future applications.

The number and dispositions of moveable dwellings within the district at the year end is shown by the following table :—

Parish	Situation	Total No. of Dwellings	Type of Dwelling		
			Trailer	Van	Shed
Bradfield	Upper Midhope ..	1	..	..	1
	Hollowmeadows ..	40	18	3	19
	Low Bradfield ..	3	..	2	1
	High Bradfield ..	8	..	1	7
	Bradfield Dale ..	5	..	1	4
	Worrall	7	3	..	4
	Loxley and Holdsworth ..	3	..	..	3
	Stannington ..	5	3	..	2
	Dungworth ..	20	..	2	18
	Ughill	13	..	2	11
	Oughtibridge, Wharncliffe Side & Bightholmlee	4	1	1	2
	Folderings ..	5	..	2	3
	Ewden Valley ..	2	..	..	2
Ecclesfield	Ecclesfield ..	1	1	..	..
	Thorpe	1	1	..	..
	Chapelton ..	1	1	..	..
	High Green ..	..	..	..	..
	Grenoside ..	3	1	1	1
Tankersley	Tankersley ..	3	..	3	..
Wortley	Wortley	1	..	..	1
	TOTALS ..	126	29	18	79

VERMINOUS PREMISES.

During the year 625 visits were made to 471 premises in the district for the purpose of inspection for, and eradication of, insect pests. Insects dealt with included bed bugs, cockroaches, crickets, flies, ants, bees, wasps, etc.

Inspections are carried out in connection with all lettings or exchanges involving Council houses and appropriate treatment is applied where infestations are found or suspected.

Details of visits and treatments carried out are shown in the following table:—

Ward	Houses Inspected		Total Visits		Houses Verminous			Treatment by	
	Council	Private	Council	Private	Bugs	Cock-roaches	Other Insects	Council	Private
Chapeltown	68	49	98	54	5	27	2	34	..
High Green	72	29	100	37	8	33	1	40	..
Ecclesfield	63	36	89	41	7	23	2	32	..
Colley ..	..	9	..	11	2	..	2	2	2
Grenoside ..	2	8	2	10	..	..	3	3	..
Tankersley	2	7	2	7	..	..	..	..	..
Wortley ..	..	3	..	3	..	..	..	..	..
Westnall ..	66	43	105	49	2	50	3	45	..
Stannington	5	4	5	5	..	1	..	1	..
Loxley ..	3	2	4	3	1	..	1	2	..
TOTALS ..	281	190	405	220	25	134	14	159	2

The use of D.D.T. in Kerosene has again formed the principal basis of attack against bed bugs and continues to give very satisfactory results. A large knapsack type pneumatic sprayer was purchased during the year for use against bed bugs and the rapid dissemination of insecticide by this instrument has considerably reduced the time needed for the operation.

The treatment of complete blocks of Council houses where part only of the block is found to be infested continues to be a far more satisfactory method of treatment against cockroaches than the issue of insecticide to the tenant, which was the method previously adopted.

Mixtures of gammexane, pyrethrum and sodium fluoride powders are disseminated under floors and into otherwise inaccessible places by the use of a rotary blower. D.D.T. spray is utilised for places such as skirting boards where the use of a powder would be unsightly.

Several infestations of private houses by crickets from neighbouring tips have been dealt with. The Council's refuse tips are treated periodically for crickets and flies.

The actual spraying of liquid and dissemination of powder insecticides has been carried out by the Council's Operative, whose services are much appreciated.

DESTRUCTION OF RATS AND MICE.

During the year a total of 1,435 visits has been made in connection with rat and mouse destruction. Of this total, 927 visits have been made for the purpose of baiting and checking "takes" at 357 points along the sewers and 508 in connection with 131 surface infestations.

Treatment of the sewers is carried out as recommended by the Ministry of Agriculture and Fisheries, to whom detailed reports are submitted following each treatment. Infestation in the sewers within the district is strictly limited and is confined almost exclusively to old branch sewers.

Surface premises treated included tips, salvage premises and sewage disposal works operated by the Council, County Council Schools and School Canteens, private tips, business premises and private dwelling-houses.

Localisation of treatments is shown in the following table:—

Ward	Premises Inspected	Total Visits
Chapelton ..	31	128
High Green ..	7	24
Ecclesfield ..	22	75
Colley	9	35
Grenoside	11	44
Tankersley ..	17	70
Wortley	6	13
Westnall	20	86
Stannington ..	7	33
Loxley	1	..
TOTALS	131	508

Treatment for rats was confined exclusively to poisoning, zinc phosphide, arsenious oxide, A.N.T.U., and red squill being used for the purpose. Baits consisted principally of sausage rusk, with bread mash and flour meal used as alternatives where found necessary.

Treatment for mice consisted principally of poisoning, using zinc phosphide with sugar meal or biscuit meal. Trapping was used in some cases where poisoning was unsuitable.

The Council's Rodent Operative carried out his duties during the year conscientiously and efficiently.

New legislation in the form of the Prevention of Damage by Pests Act, 1949, came into operation as from the 1st April 1950. The Rats and Mice (Destruction) Act, 1919, was thereby repealed.

Under the provisions of the new Act, district Councils are directly vested, whereas vesting was formerly in County Councils with the right of delegation to district Councils willing to accept the duties.

The primary obligation for ensuring so far as practicable that its area is kept free from rats and mice is now placed upon the local authority instead of on the individual occupier of the premises.

Occupiers of premises are required to notify the local authority of the presence of rats in "substantial numbers".

Responsibilities are also placed on owners as well as occupiers according to the nature of their respective interests in the property infested.

Generally the right to arrange for destruction of rats or mice on his own property is left to the owner or occupier, but the service of notices on individual occupiers may in circumstances involving blocks of property in separate ownerships be waived in favour of block control by the local authority.

Agricultural land is the responsibility of the local authority but co-operation with the County Agricultural Executive Committee in such cases is highly desirable, particularly where treatment is necessary.

Provision is made in the Act for grants to local authorities towards the cost of carrying out the requirements of the Act. Annual reports to the Ministry of Agriculture and Fisheries are required.

Regulations made under Section 8 of the principal Act came into operation on the 24th July, 1950. They are entitled "The Prevention of Damage by Pests (Threshing and Dismantling of Ricks) Regulations, 1950," and place the responsibility for enforcing the destruction of rats and mice in corn and other ricks at threshing time on local authorities.

NUISANCES.

During the year, 673 visits were made for the detection and abatement of nuisances and the supervision of work in progress. This figure does not include visits in connection with nuisances involving repairs to dwelling-houses as these have already been accounted for in the part of the Report dealing with Housing Repairs.

The number of nuisances reported during the year was 125, which together with the 4 outstanding from 1949 left a total of 129 requiring abatement.

The number abated in 1950 was 125, leaving 4 outstanding at the year end.

92 Informal and 5 Statutory Notices were served, of which 89 and 4 respectively were complied with.

It was not necessary to take Court Action in respect of any nuisance during the year.

The 125 nuisances reported during the year comprised :—

Choked and defective drains ...	...	65
Defective sanitary conveniences ...	...	32
Nuisances from keeping animals ...	...	8
Defective or leaking cesspools ...	...	3
Offensive accumulations or deposits ...	...	3
Miscellaneous ...	...	14

Arrangements for dealing with choked drains on private properties have again been very satisfactory, the work being carried out expeditiously by a Council workman at a nominal charge.

DISINFECTION.

During the year, 118 visits have been made by the Council's Sanitary Inspectors in connection with the preparation of reports on the following cases of infectious disease :—

51 Scarlet Fever.
10 Poliomyelitis.
45 Dysentery.
12 Food Poisoning.

Disinfection was carried out in 41 of these cases.

FACTORIES ACT, 1937.

The number of factories in the district at the year end was 97 and the number of visits made was 110. There were also 2 outworkers in the district.

The factories visited were found to comply generally with sanitary requirements, although it was necessary to take some action during the year.

The number of notices requiring compliance with provisions relating to sanitary conveniences was 6. None of these were abated during the year. Localisation and classification of factories is set out in the following table:—

Location	Total Factories	Classification			Trade Classification												Others
		Power	No Power	Special	Motor Eng.	Gen. Eng.	Forging and Rolling	Fireclay	Food Prep.	Joinery	Foundries	Cinemas	Boot Repairs	Coal By-Products	Masonry	Building Contractors	
Ecclesfield ..	27	16	1	10	3	4	2	..	2	1	2	1	..	..	..	9	3
Chapelton ..	20	16	..	4	1	2	..	..	3	1	3	1	2	1	1	4	1
High Green ..	4	3	1	..	1	..	1	..	1	..	..	1	..	..	..	..	..
Grenoside ..	4	4	..	..	1	1	..	..	1	1	..	..	..	2	..	..	..
Tankersley ..	7	6	..	1	1	1	..	..	..	1	..	..	..	..	..	..	2
Wortley ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Stannington ..	9	8	1	..	2	1	1	4	1	..	..	..	..	..	..	..	..
Oughtibridge	15	10	1	4	1	1	4	1	1	1	..	..	1	..	..	3	2
Loxley ..	8	7	1	..	..	..	4	4	..	..	..	..	..	..	..	..	..
Bradfield ..	2	2	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
TOTALS ..	97	73	5	19	10	10	12	10	9	5	5	3	3	3	1	16	10

SUPERVISION OF FOOD PREPARATION, SALE AND DISTRIBUTION.

Milk.

The Council's duties in respect of milk supervision are now limited broadly to the following aspects of the trade:—

- (1) Registration of dairies not associated with milk farms.
- (2) Registration of retail distributors other than producers.
- (3) Licensing of dealers in designated milks.
- (4) Protection of milk from contamination and infection.
- (5) Supervision of storage, handling, conveyance and distribution of milk outside farm premises.

The number of dairies registered at the year end was 9 and 32 visits were made during the year.

The number of retail distributors registered is 24.

Licences in respect of milk sold under special designations were issued as follows:—

Special Designation				Licences Issued	
				Dealer	Supplementary
Tuberculin Tested Milk	...			10	3
Pasteurised Milk	...	...		12	4
Sterilised Milk	...	...		...	1
TOTALS	...	...		22	8

The demand for graded milks is rapidly increasing.

During the year 4 samples of Pasteurised milk were taken in the district for examination by the methylene blue and phosphatase tests. Three of the samples were taken by County Inspectors and 1 by this department. All the samples were satisfactory.

Three notices were served under the provisions of Regulation 20 of the Milk and Dairies Regulations, 1949, in conjunction with the Sheffield Health Department, prohibiting the sale of raw milk from herds suspected to be producing infected milk.

Under prescribed circumstances, compensation is payable to the farmer in these cases and the Ministry of Health reimburse 75% of the compensation so paid. This is an entirely new provision introduced by the 1949 Regulations.

The distribution of milk by hand can which has been common practice in this part of the country for many years and which leaves much to be desired from the point of view of food hygiene is likely to be superseded by bottle distribution within the near future. As this Report is being prepared, the first "specified" areas in the country have been defined and it is anticipated that Sheffield and District will become a specified area shortly. Raw ungraded milk is not permitted to be sold in such areas. As graded milks must be sold in containers sealed on dairy premises, more hygienic milk distribution and a safer milk supply seem to be within sight.

Ice Cream.

The number of premises registered at the year end under the provisions of Section 14 of the Food and Drugs Act, 1938, was 39.

36 of these registrations apply to the storage and sale of ice cream and the other 3 to manufacturing premises.

The equipment used on all premises complies generally with the requirements of the Ice Cream (Heat Treatment) Regulations.

18 applications were considered during the year, all of which were approved.

60 visits were made to the premises during the year.

Meat.

Meat sold for human consumption in the district is slaughtered and inspected at Sheffield Abattoir which is operated as a regional slaughterhouse by the Ministry of Food.

The only slaughtering carried out in the district is under the provisions of Food Circular F.I.G. 107 (Individual Self Suppliers of Meat). All animals slaughtered under these provisions during 1950 were pigs.

Owing to the nature of the district and irregular hours of slaughtering, it was found impossible to inspect all the animals slaughtered. 310 pig carcasses and offal were examined and advice given as to the suitability or otherwise of the meat for human consumption. Very little disease was found and infected meat was suitably disposed of.

There was a noticeable reduction in the number of pigs slaughtered for home consumption.

Encouragement is given for the slaughter of these animals in a humane manner by the use of mechanically operated instruments. The number of slaughtermen licensed by the Council at the year end was 52.

Other Foods.

Requests were received during the year for inspection of a variety of foodstuffs and a total estimated weight of $6\frac{1}{2}$ cwts. was surrendered on being found unfit for human consumption. Details of these foods are set out hereunder :—

$3\frac{1}{4}$ lbs. Bacon.
 31 tins Processed Meat.
 9 tins Fish.
 4 tins Crayfish.
 1 jar Fishpaste.
 $2\frac{1}{4}$ lbs. Cheese.
 54 tins Tomatoes.
 68 tins Milk.
 10 tins Soup.
 18 tins Plums.
 1 tin Peaches.
 1 tin Pineapple.
 2 tins Mixed Fruit.
 3 tins Apple Puree.
 8 tins Beans.
 26 tins Peas.
 6 tins Beetroot.
 5 bottles Sauce and Pickles.
 1 jar Mincemeat.
 1 cwt. Currants.
 26 lbs. Dried Figs.
 112 lbs. Rolled Oats.
 31 lbs. Pearl Barley and Sago.
 67 lbs. Oatmeal.
 3 lbs. Cake Flour.
 2 cwts. 46 lbs. Sugar.
 3 jars Jam.

Food Hygiene.

During the year the Council adopted byelaws in relation to Food Handling, Wrapping, Delivery and Sale in the Open Air. Whilst the byelaws are couched in fairly general terms they nevertheless substantially amplify the scope of the relevant provision of the Food and Drugs Act 1938.

A personal visit to all the food shops in the area to present a copy of the new byelaws was undertaken towards the year end. Food traders generally view the adoption of the byelaws with satisfaction

and are most anxious to co-operate. There is no one more alive to the growing food hygiene consciousness of the purchasing public than the tradesman himself. It is unfortunate that with traders in their present frame of mind difficulty is sometimes experienced in obtaining licences from the Ministry of Works for the carrying out of improvements. Support has been successfully given to food traders by the Council following refusal of licences by the Ministry.

The new shopping centres on the Parson Cross Estate were nearing completion towards the end of the year. The shops to be used for food purposes are admirably equipped.

Details of the various types of food premises in the district are set out in the following table:—

Locality	Trade Classification										Total
	Butchers	Bakehouses	Fried Fish	Grocers	Wet Fish and Vegetables	Ice Cream (Sale)	Ice Cream (Manufacture)	Cafes	Sweets	Licensed Premises	
Ecclesfield	9	4	6	19	4	8	1	..	7	11	69
Chapelton	9	6	6	34	8	9	..	3	7	19	101
High Green	2	1	5	19	3	2	1	..	3	9	45
Grenoside	3	1	2	8	2	3	..	..	..	6	25
Thorpe Hesley ..	..	..	..	1	1	..	..	..	..	2	4
ECCLESFIELD PARISH	23	12	19	81	18	22	2	3	17	47	244
Oughtibridge ..	3	..	1	17	1	4	..	..	..	8	34
Wharnccliffe Side ..	..	..	1	4	1	1	..	..	1	2	10
Loxley	1	..	..	5	..	1	..	..	..	3	10
Stannington } ..	4	1	1	12	1	1	..	..	..	8	28
Dungworth } ..	..	..	1	5	..	2	..	..	..	2	10
Storrs } ..	..	..	..	4	..	..	..	1	2	7	14
Worrall .. ..	..	..	..	..	..	..	..	..	..	..	..
Rest of Bradfield ..	..	..	..	..	..	..	..	..	..	..	..
BRADFELD PARISH ..	8	1	4	47	3	9	..	1	3	30	106
TANKERSLEY PARISH	2	..	2	8	..	1	1	..	..	3	17
WORTLEY PARISH ..	..	..	..	3	..	..	..	..	..	2	5
TOTALS	33	13	25	139	21	32	3	4	20	82	372

SHOPS ACTS, 1912 = 1938.

The provisions of these Acts administered directly by the district Council are designed to safeguard the working amenities of shop assistants. There were 106 shops on the register at the year end, and all are satisfactorily equipped with suitable sanitary arrangements. 80 visits were made during the year and conditions were found to be satisfactory.

